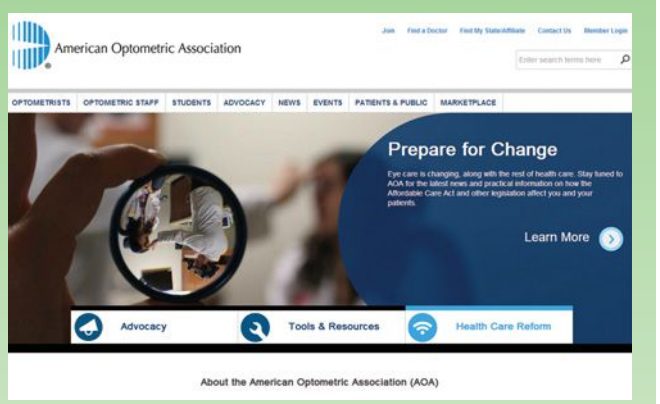
American Optometric Association
NEWS™

Read the News blog at newsfromaoa.org

Volume 52 September 2013 No. 3



AOA unveils new AOA.ORG website

The AOA recently launched a new website to better serve members and the profession. The new site features mobile-friendly design and an enhanced Dr. Locator, as well as providing a single sign-on for several popular services, including EyeLearn™ and AOAExcel™.

In the coming months, the AOA will continue enhancing the site. Ongoing development for the AOA's online store, the AOA Marketplace, will include an expanded product selection and an improved customer experience.

Be sure to take advantage of these new online member features:

- Access to member profile and contact information.
- Updated Dr. Locator information, including expanded fields such as practice website and social media channels.
- Expanded Dr. Locator search results integrated with Google Maps.

Plus, get daily updates of *AOA News*, right on the home page.

Visit AOA.ORG today and learn how to sign in, find your username, reset your password, update contact information and optimize your Dr. Locator profile.

Health insurance marketplaces scheduled to open Oct. 1

Many optometrists across the nation are now receiving solicitations from insurance companies regarding participation in exchange-based health plans with an embedded pediatric vision essential health benefit as mandated by the Affordable Care Act (ACA).

As with all insurance programs, practitioners should thoroughly review provider participation agreements for the new plans, assessing the contract terms carefully, according to the AOA Third Party Center. For assistance, contact *tpc@aoa.org*.

The insurers offering plans through the new marketplaces will generally be well-established companies such as Blue Cross/Blue Shield, Aetna, or UnitedHealth.

"It will be up to those insurance companies to determine if they will use their existing provider networks for the new plans they offer through health insurance exchanges or if they will establish distinct new provider networks for their exchange-based plans. In some cases, insurance companies may issue separate contracts to health care practitioners for their new exchange-based plans, some of which will likely include lower reimbursement rates," said Stephen Montaquila, O.D., chair of the AOA Third Party Center Executive Committee.

> *"Many health care practitioners are under the impression that the exchanges are new payers providing insurance and contracting with doctors. The exchanges have little, if anything, to do with provider contracting."*

Offers to become participating providers in exchange-based plans will come from insurance companies, not the management of the exchanges.

"Many health care practitioners are under the impression that the exchanges are new payers providing insurance and contracting with doctors," Dr. Montaquila said. "The exchanges have little, if anything, to do with provider contracting."

Through the exchanges, private insurance carriers will offer plans meeting specified criteria. Uninsured people will be able to log onto exchange websites, modeled after travel sites such as Travelocity or Expedia, review the plans offered by the various insurance companies and then purchase a policy online. Many exchanges will offer 800 telephone lines and "walk-in" offices as well.

Of the 51 health insurance marketplaces being developed across the U.S., 17 will be state-based exchanges,

see Marketplaces, page 10

For new wearers with astigmatism:

WHY THAT FIRST PAIR MEANS EVERYTHING.

You, Kyle, and Kyle's Mom

+ 1-DAY ACUVUE® MOIST® BRAND CONTACT LENSES FOR ASTIGMATISM =

Kyle and Mom

Kyle's Cousin

Mom's Plumber

Kyle's Classmate

Mom's Mechanic

Mom's Friend

Mom's Dentist

Mom's Neighbor

Kyle's Friend

Mom's Co-worker

Fact: 31% of new contact lens wearers report experiencing vision issues with their lenses.* That's why 1-DAY ACUVUE® MOIST® Brand Contact Lenses for ASTIGMATISM have BLINK STABILIZED™ Design. Giving new lens wearers stable and clear vision, exceptional comfort, easy handling, and UV protection.† No wonder 88% of parents with teens in 1-DAY ACUVUE® MOIST® Brand said they were likely to refer others to you.

Start new wearers off right and grow your practice.

Visit **acuvuepro.com** to learn more about 1-DAY ACUVUE® MOIST® Brand Contact Lenses for ASTIGMATISM.

*According to an aggregate, multi-sponsor 2008, 2009, and 2011 Gallup Study of the US Consumer Contact Lens Market.

ACUVUE® Brand Contact Lenses are indicated for vision correction. As with any contact lens, eye problems, including corneal ulcers, can develop. Some wearers may experience mild irritation, itching or discomfort. Lenses should not be prescribed if patients have any eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. Consult the package insert for complete information. Complete information is also available from VISTAKON® Division of Johnson & Johnson Vision Care, Inc., by calling 1-800-843-2020 or by visiting acuvueprofessional.com.

†Helps protect against transmission of harmful UV radiation to the cornea and into the eye.

WARNING: UV-absorbing contact lenses are NOT substitutes for protective UV-absorbing eyewear such as UV-absorbing goggles or sunglasses, because they do not completely cover the eye and surrounding area. You should continue to use UV-absorbing eyewear as directed. **NOTE:** Long-term exposure to UV radiation is one of the risk factors associated with cataracts. Exposure is based on a number of factors such as environmental conditions (altitude, geography, cloud cover) and personal factors (extent and nature of outdoor activities). UV-blocking contact lenses help provide protection against harmful UV radiation. However, clinical studies have not been done to demonstrate that wearing UV-blocking contact lenses reduces the risk of developing cataracts or other eye disorders. Consult your eye care practitioner for more information.

Revised HIPAA privacy rule compliance deadline Sept. 23

Optometrists, like other health care practitioners, have until Sept. 23 to comply with new, revised Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. In most cases, practitioners will not have to completely revamp all their established policies and procedures to protect patient information in their practices, said AOA General Counsel Michael Stokes, J.D. However, they should conduct a comprehensive review of their current privacy protection polices to ensure all provisions of the new rules are met.

Optometrists should conduct a comprehensive review of their current privacy protection polices to ensure all provisions of the new rules are met.

A new edition of the AOA HIPAA Security Compliance Manual developed to facilitate that process is now available (see related article.)

Specifically, the new rules:

- Require patients receive, on request, an electronic copy of the information contained in their electronic health record. (Until now, a paper copy would suffice.)
- Limit the use or disclosure of patient information for marketing and fundraising purposes.
- Prohibit the sale of individuals' health information for marketing or other purposes without their specific permission, and
- Give patients who pay out-of-pocket for services the right to instruct their doctors to not share information about treatment with their insurance company.

For the first time, the privacy and security rules will apply not only to health care practitioners and their business associates but to any subcontractors who provide services to those business associates. Of particular importance are provisions extending the security breach notification requirement to business associates and subcontractors. HIPAA requires patient notification if health information is compromised.

"Some of the largest breaches reported to HHS have involved business associates," the U.S. Department of Health & Human Services noted in announcing the new HIPAA rules.

Practitioners should ensure any business associates with access to protected health information, such as billing firms or claims clearinghouses, are aware of the new rules and are taking steps to adhere to them.

HIPAA requires health care practitioners to have formal agreements with business associates, confirming compliance with the federal privacy protection rules.

Updated HIPAA Business Associate Agreement forms, reflecting new changes in the privacy protection, are included in the new edition of the AOA HIPAA Security Compliance Manual available through the AOA Marketplace (*www.aoa.org*).

The revised HIPAA rules increase penalties for noncompliance, with the maximum penalty now $1.5 million per violation. Penalties will be assessed based on the level of negligence associated with a security breach.

Each health care practice will have to update its Notice of Privacy Practice (NPP) to indicate compliance with the new HIPAA provisions regarding patients' rights following breaches of protected health information and information regarding a patient's rights when paying for services out of pocket.

Practitioners will not have to distribute an updated notice to each existing patient. However, they will be required to provide one to every new patient or to any patient who asks for one.

Copies of the updated NPP must be available in the practice. Practices that post such documents on their websites should make a copy of the updated NPP available online.

Practitioners are required to properly instruct their staff on the updated privacy protection rules, through staff meetings, continuing education courses or other appropriate measures.

The updated HIPAA rules formally took effect March 26, 2013; however, covered entities and their business associates in most cases had 180 days (until Sept. 23) to bring their operations into compliance.

For additional information – including the HHS' new HIPAA Regulations FAQs on updates – visit *http://www.aoa.org/optometrists/tools-and-resources/hipaa-compliance* (member login required).

Protect your practice with new AOA HIPAA notices

Federal privacy protection standards have become more stringent. Make sure your practice is up to date with the AOA's new Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practice forms.

The new form reflects changes to HIPAA. Using it is one way to make sure you are in compliance with new rules, which technically took effect in March. You have until Sept. 23 to comply.

To avoid penalties related to notices, take these steps:

1. Order new notices

New HIPAA Notice of Privacy Practice forms are available from the AOA Marketplace. To order, email *orders@aoa.org*. Or call the AOA Marketplace at 800-262-2210 between 8 a.m. and 4 p.m. CDT, Monday through Friday. Include your member number to qualify for a discount.

HIPAA Notice of Privacy Practice forms are sold in pads of 100 and include acknowledgement of receipt slips. Pricing is:

- 100 forms for $42 (members) or $63 (non-members)
- 500 forms for $65 (members) or $97.50 (non-members)
- 1,000 forms for $110 (members) or $165 (non-members)
- Imprinting available for an additional $8 per pad

2. Provide new notices to patients

Provide an updated HIPAA Notice of Privacy Practice to all patients. For new patients, distribute the notice during the first office visit. For existing patients, make the new policy available upon request.

3. Post copies in person and online

Post a copy of the updated notice in a prominent location in your practice and on the practice website.

4. Stop using old notices

Cease use of any old HIPAA privacy practice notice, but retain a copy along with any written acknowledgments of receipt from patients.

The AOA HIPAA Notice of Privacy Practice form was developed by the AOA Office of General Counsel in conjunction with HIPAA experts at the nationally recognized law firm of Stinson Morrison Hecker. It is offered as a resource but is not intended to suit all optometry practices or to constitute legal advice.

Be sure to review the form with your legal counsel to ensure it reflects any applicable state privacy protection regulations and the actual privacy protection measures taken in your practice.

HIPAA resources

The new HIPAA Compliance section of the AOA website at *www.aoa.org/optometrists/tools-and-resources/hipaa-compliance* (member login required to view) includes:

- Updated AOA HIPAA Security Regulation Compliance Manual (available free of charge to AOA members)
- Sample HIPAA Business Associate Agreement
- Sample HIPAA Notice of Privacy Practices, developed by the AOA Office of Counsel for use in optometric practices, which are available to order by calling 800-262-2210.

On the AOAExcel™ HIPAA page at *www.excelod.com* (member login required to view):

- AOA White Paper: Updated HIPAA Regulations-What Optometrists Need to Know, with questions and answers about the privacy regulations.

American Optometric Association

243 N. Lindbergh Blvd.
St. Louis MO 63141
800-365-2219
www.aoa.org

PRESIDENT'S COLUMN

Optometry's 'super' champions

Federal Advocacy: one of the most important pillars of AOA's strategic plan and the playing field where the game never ends to secure appropriate victories for our members and their patients.

We are now less than four months away from implementation of the Affordable Care Act, which will, arguably, change the landscape of health care as we know it.

Now, more than ever, the voice of optometry must be strong and resonate with our members of Congress. So this month, hundreds of AOA member optometrists and students will make their annual journey to Washington, D.C., with the purpose of sharing our profession's concerns and initiatives, face to face, with our lawmakers.

The majority of our lawmakers are not health care providers and, to a large degree, rely upon their constituents to help them understand the breadth of issues with which they are presented.

The 2010-2011 AOA Board of Trustees stands on the steps of the Capitol, from left, David A. Cockrell, O.D., Steven A. Loomis, O.D., Samuel D. Pierce, O.D., Christopher J. Quinn, O.D., AOA Executive Director Barry Barresi, O.D., Ph.D., Hilary L. Hawthorne, O.D., Joe E. Ellis, O.D., Randolph Brooks, O.D., Dori M. Carlson, O.D., Andrea P. Thau, O.D., and Mitchell T. Munson, O.D.

To boost optometry's readiness for the 2014 changes just around the bend, the AOA organized a second federal, state and third-party advocacy "super" conference Sept. 9-11 in our nation's capital.

The meeting, which is open to every AOA doctor and student, will feature state legislative and third-party updates, new resources and proven strategies from the profession's top experts in state issues and payer outreach.

Additionally, in preparation for the AOA's annual Capitol Hill lobbying day of organized visits to the offices of every U.S. senator and House member, participants will be briefed on how to help advance AOA's priority federal issues and counter the misinformation efforts of organized medicine, insurers and other groups with an anti-optometry agenda.

If you have never attended an AOA Congressional Advocacy Conference, I would encourage you to consider it sometime.

D.C. is an incredible place and having the opportunity to sit in the offices of your elected leaders and discuss the issues we have as optometrists and health care providers is an unmatched experience…and you will make a difference for your profession.

The majority of our lawmakers are not health care providers and, to a large degree, rely upon their constituents to help them understand the breadth of issues with which they are presented.

The fact that you will have taken time out of your office to travel to D.C. and meet one-on-one is both respected and appreciated and represents one of our best opportunities to convey optometry's messages and concerns.

If you want to learn more about the conference, please contact the AOA Washington Office, at 800-365-2219 or *jfhymes@aoa.org*.

Sincerely,
Mitchell T. Munson, O.D.,
AOA president

American Optometric Association News (ISSN: 0094-9620) is published 12 times per year by the American Optometric Association
243 N. Lindbergh Blvd., St. Louis, MO 63141
Business, Editorial, Accounting and Circulation Office:
243 N. Lindbergh Blvd., St. Louis, MO 63141
Domestic subscriptions: $123. International subscriptions: $171.
Customer service: 800-365-2219 (US and Canada) or 314-991-4100 (other countries).
Periodicals postage paid at St. Louis, MO, and at additional mailing offices.
POSTMASTER: Send address changes to American Optometric Association News,
243 N. Lindbergh Blvd., St. Louis, MO 63141-7881

AOA Next Generation Optometry
eXcel™

2013 EHR and Medical Records Compliance Program

Healthcare providers are regularly audited by Medicare and various other payers. Learn how to maintain better patient records- both paper and electronic- in order to ensure enhanced patient care, increased communication among doctors and staff, more accurate coding, and reduced stress regarding audits.

Attendees will also learn the ins and outs of implementation and use of EHRs to grow their practices and improve patient care.

- Learn the step-by-step approach to Meaningful Use Stage 1: $15,000 is yours to claim now*
- Decode Health Information Technology lingo: Interoperability, Image Management, Connectivity – "need-to-knows" to survive and succeed in the rapidly changing world of healthcare
- Understand how to participate in the EHR Incentive Program when other doctors in your practice are not

*Please note: Incentive dollar amounts are calculated as a percentage of total Medicare payments and as such, may vary depending on a particular doctor's gross payments from Medicare.

Speakers include:

Chad Fleming, O.D., F.A.A.O.- AOAExcel™ Business & Career Coach
Chuck Brownlow, O.D.- AOAExcel™ Medical Records & Coding Consultant
David Jaco, O.D.- AOAExcel™ EHR Coach

Chicago, IL November 6, 2013

Las Vegas, NV November 8, 2013

Program Sponsors:

revolutionEHR freedom to focus

VisionWeb

FoxFire systems group

MaximEyes Cloud Based Electronic Health Records and Practice Management Software

AT&T ForHealth℠

Limited Time Registration Offer!

AOA member rate: (regular rate $200) **$75**

Non-member rate: (regular rate $275) **$150**

To register or view future program dates, please visit ExcelOD.com/EHR.

AOAExcel™ is a wholly owned subsidiary of the American Optometric Association®.

Laser toys, pointers pose risks for children's eyes

Increasingly powerful laser toys and pointers represent a growing eye safety threat to children. The U.S. Food and Drug Administration (FDA) recently issued "Laser Toys: Not Always Child's Play" (*http://tinyurl.com/FDAlaser)* as part of an effort to inform parents of the potential eye injury risks associated with lasers.

"The fact that lasers can be dangerous may not be evident, particularly to the children who use them as toys, or to the adults who supervise them," the FDA Consumer Update notes.

The FDA is asking optometrists and other health care professionals to help educate parents and children about the eye safety risks associated with lasers. The AOA is preparing to submit input to the FDA on the proposed new laser industry guidance.

Michael Duenas, O.D., AOA public health officer, stresses the light amplification of a laser, even one of minimal strength, can cause a power density at the retina that may result in permanent injury and blindness.

"When operated unsafely, or without certain controls, the highly concentrated light from lasers—even those in toys—can be dangerous, causing serious eye injuries and even blindness," said Cam Boyce of the FDA Office of Communications.

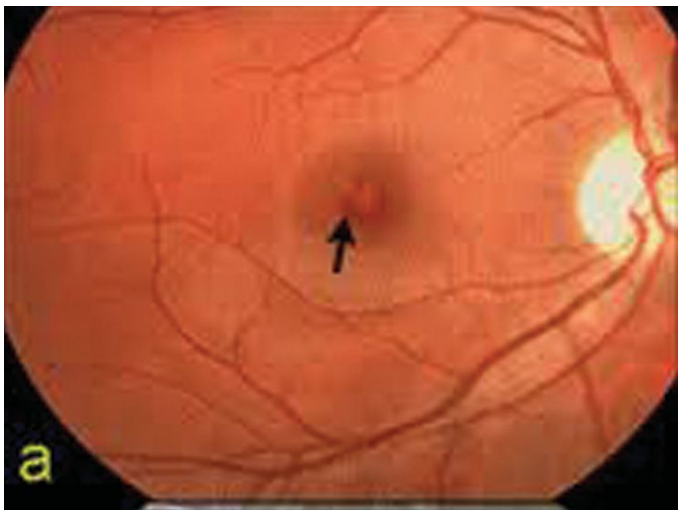
The FDA regulates radiation-emitting electronic products, including lasers, and sets radiation-safety standards that manufacturers must meet. That includes all laser products marketed as toys.

Although the FDA requires only relatively low energy laser be used in toys, the light energy from such a laser aimed into the eye can be hazardous.

Examples of popular laser toys include:

- Lasers mounted on toy guns that can be used for "aiming"
- Tops that project laser beams while they spin
- Hand-held lasers used during play as Star Wars-style "lightsabers"
- Lasers intended for entertainment that create optical effects in an open room.

In addition, children may purchase laser pointers, intended for use by adults, for amusement. Over the last 10 years, many laser pointers have increased in power 10-fold and more, according to the FDA.



Retinal injuries include through-and-through or partial thermal retinal holes (as indicated by the arrow). These retinal holes create permanent blind spots, most often in the foveal region, a region responsible for reading and fine-detailed viewing.

Retinal injuries include through-and-through or partial thermal retinal holes, (as indicated by arrow in photo "a" above). These retinal holes create permanent blind spots, most often in the foveal region, a region responsible for reading and fine-detailed viewing.

"Because one eye may be damaged at a time, a unilateral eye injury may go unnoticed until the child receives a comprehensive eye examination or has trouble viewing a 3-D movie, which necessitates the fine focus of both eyes together," said Dr. Duenas. "This damage is permanent, and a disability of no longer being able to see in 3-D has profound implications both in the classroom, on the field and in the workplace."

Consumer safety tips

- Never aim or shine a laser directly at anyone, including animals.
- Do not aim a laser at any reflective surface.
- Remember the startling effect of a bright beam of light can cause serious accidents when aimed at a driver or can otherwise negatively affect someone engaged in other activities (such as playing sports).
- Look for a statement on toys and pointers indicating compliance with federal regulations.

The FDA offers laser safety information that optometrists can download for patient use (*http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm363581.htm*).

AOA defends ODs against new attack on Harkin law

The AOA reacted swiftly in organizing opposition to a bill that would repeal the Harkin amendment on Capitol Hill and mobilized a friendly coalition of national organizations committed to defeating it.

Making good on its long-standing threat to try to refight the legislative battles it lost to the AOA in recent years over the new Harkin law, organized medicine turned to one of its own on Capitol Hill for a boost. Rep. Andrew Harris, M.D., of Maryland, an anesthesiologist serving his second term, introduced a bill to repeal to the landmark provider non-discrimination provision authored by Sen. Tom Harkin and enacted in 2010 as the first-ever federal ban on discrimination against ODs by health insurers, including Employee Retirement Income Security Act (ERISA) plans with a long history of bias.

Dr. Harris dubbed his bill the "Protect Patient Access to Quality Health Professionals Act of 2013," which was designated as H.R. 2817. Although H.R. 2817 currently has no congressional co-sponsors, the American Academy of Ophthalmology and the American Medical Association immediately released statements endorsing it.

"Whether anti-optometry groups like it or not, millions more Americans are gaining access to their local doctor of optometry because a new federal law we fought for specifically targets the discriminatory and anti-competitive practices of health plans," said Mitchell T. Munson, O.D., AOA president. "Both Republicans and Democrats have supported us in the decades-long struggle to assure fairness and patient choice in the delivery of the essential health care services optometrists provide, and we'll continue our efforts in Washington, D.C., to ensure that continues. In fact, if we have to take on and defeat organized medicine all over again on this issue, then so be it."

"Whether anti-optometry groups like it or not, millions more Americans are gaining access to their local doctor of optometry..."

The Harkin law, hailed by its author and other supporters in Congress as a major advance in patient access and choice, targets health insurance plans – including large employer-sponsored programs organized under ERISA – that have at times made it policy to summarily deny coverage for the services of doctors of optometry and other health care providers in a purported effort to contain costs. These unfair and outdated policies are a boon for medical doctors who enjoy the financial benefits of restricted competition from non-MD providers.

Medical groups and insurers fought the Harkin law at each step of a nearly two-year legislative process and gradu-

See Harkin, page 25

Practitioners now have longer to pay back overcharges to Medicare

Health care practitioners may now have up to five years to return overpayments to Medicare under a newly revised Extended Repayment Schedules (ERS) program that took effect Sept. 3.

Under the revised program, Medicare payment contractors may authorize extended repayment periods ranging from six to 36 months.

Longer repayment schedules, up to 60 months, may be approved by U.S. Centers for Medicare & Medicaid Services (CMS) staff.

Medicare generally requires return of overpayments within 30 days but the CMS may grant extensions if a practitioner demonstrates immediate repayment would represent a "hardship."

Until now Medicare payment contractors could only give practitioners an extension of up to 12 months to return overpayments, although CMS officials could allow longer repayment periods if warranted.

Practitioners should note unreturned overpayments are subject to substantial interest.

For additional Information, visit *http://tinyurl.com/mq6a9gf*.

Last 2013 Medicare EHR reporting period begins Oct. 1

For first-year participants in the Medicare Electronic Health Records (EHR) Incentive Program, the last day to begin reporting for 2013 is Oct. 1. Practitioners attempting to qualify for second-year EHR incentives during 2013 must demonstrate adherence to the government's meaningful use standards for a full year.

First-year health care practitioners who have already completed their reporting period can access several tools to help prepare for attestation.

- Practitioners can use the CMS Eligible Professional Attestation Worksheet (*http://tinyurl.com/8enndss*) to record their meaningful use measures to reference when attesting for the program in the CMS Web-based Registration and Attestation System (*ehrincentives.cms.gov*).
- The CMS Meaningful Use Attestation Calculator (*www.cms.gov/apps/ehr*) and Attestation User Guide for Eligible Professionals (*http://tinyurl.com/96el9ht*) can also help health care professionals to successfully attest to meeting meaningful use.

Resources to assist optometrists are available at *www.excelod.com/EHR*.

Health care professionals can find other important dates related to the EHR incentive program by visiting *http://tinyurl.com/8dsufkn* or reviewing the "Important Dates" section of the CMS EHR Incentive Programs' Overview page (*http://tinyurl.com/93383wf*).

For additional information, including webinars, articles, FAQs and more, visit *www.ExcelOD.com/EHR*.

FDA alert: Watch for illegal diabetes treatments

The AOA Clinical Resources Group advises optometrists to ask patients with diabetes if they are using illegal products labeled as diabetes treatments that claim to treat, cure, or prevent the disease or related complications.

The U.S. Food & Drug Administration (FDA) is asking all health care professionals to report adverse events or side effects related to the use of dietary supplements or other products marketed as diabetes treatments.

The FDA recently issued letters to 15 manufacturers warning them to remove illegal products from the market.

The AOA Clinical Resources Group says optometrists should be prepared to counsel patients on the potential consequences.

"To date, the FDA is not aware of any reports of injury or illness associated with the illegally sold products, but is taking action to protect the public health from potential harm," the FDA's alert reads.

Be on alert for these products

According to the FDA, illegal products on the market include:

- Products sold as "natural" diabetes treatments that contain undeclared active pharmaceutical ingredients in unknown quantities. The ingredients could be harmful or unsafe to consumers.
- Dietary supplements and "ayurvedic" products (traditional medicine from India) that claim to treat, cure, or prevent diabetes.
- Unapproved over-the-counter drugs. For example, homeopathic products claiming to treat complications such as peripheral neuropathy.
- Prescription drugs for diabetes sold by online pharmacies without requiring a prescription.

The FDA advises consumers to avoid such products. Using them could cause patients to delay seeking proper medical treatment for their diabetes.

Report what you find

If you come across issues related to these products, the FDA offers multiple ways to report them:

- Complete and submit the report online at *www.accessdata.fda.gov/scripts/medwatch*
- Download the form or call 800-332-1088 to request a printed copy. Complete and return it to the address on the preaddressed form or submit it by fax to 800-FDA-0178.

U.S. House members tell Obama administration to make new eye exam coverage a higher priority

Reps. Karen Bass (D-Calif.) and Bruce Braley (D-Iowa) are leading a bloc of 28 Members of Congress in calling on a key U.S. Department of Health & Human Services agency to do more to ensure that the millions of children set to gain health insurance coverage in 2014 will receive a comprehensive eye exam and all necessary treatment and follow-up care.

"The profession of optometry would like to thank Rep. Karen Bass and Rep. Bruce Braley for their leadership efforts to make the pediatric eye health essential benefit work for America's families," said Mitchell T. Munson, O.D., president of the AOA. "The AOA is gratified that more than two dozen representatives are speaking out so forcefully in support of eye exams at this critical moment, and we'll be working closely with them to create even more awareness of this issue."

Under the new national health care law, comprehensive eye exams through at least age 18 are designated as essential and, starting Jan. 1, are required to be offered by new health plans offered both inside and outside of insurance exchanges in all 50 states and the District of Columbia.

"The AOA is gratified that more than two dozen representatives are speaking out so forcefully in support of eye exams at this critical moment, and we'll be working closely with them to create even more awareness of this issue."

As previously reported by the AOA, a 2013 state-by-state analysis indicated that the new benefit is based on an annual comprehensive eye exam provided by an eye doctor and is embedded with other benefits as part of the overall health insurance plan.

To view the full report, visit *http://tinyurl.com/state-pediatricvisioncare*.

In spite of the requirements of the new law and the willingness of ODs across the country to help provide care for the newly insured, there continues to be some backing in Washington, D.C., for expanding reliance on vision screenings.

However, as has been widely reported, vision screenings frequently miss more problems than they are able to identify, including up to 75 percent of eye and vision conditions that can affect overall academic achievement, and are too often an access barrier to the eye health care services Americans need.

Reps. Bass, Braley and their allies outlined this specific problem in an Aug. 2 congressional letter and are taking a firm stand against any potential new government emphasis on screenings that could limit or undermine direct access to the comprehensive eye health coverage that Congress voted for and now wants to see implemented.

While warning against any flawed vision screening approach, the lawmakers made clear their demands that the agency make new coverage for comprehensive eye exams a higher priority.

"It is clear to agency leaders and to Congress that direct access to early and periodic comprehensive eye and vision examinations are critical to ensuring that our kids have the tools needed to succeed in school and later in life," the lawmakers said in the joint letter.

"To better ensure that the new benefit will be more fully utilized by families in the communities where it is most needed, we urge you to actively support children's direct access to this benefit…"

To read the full congressional letter, visit *http://bit.ly/1d33V7a*.

For more information on the AOA's advocacy efforts in the nation's capital or on how to approach your U.S. senators and House member about the profession's priority issues, contact Jon Hymes, AOA Washington office director, at 800-365-2219 or *jfhymes@aoa.org*.

Medicare payment reform bill advances in U.S. House

At the urging of the AOA and other physician groups, all 51 members of the U.S. House Committee on Energy and Commerce voted July 31, with bipartisan unanimity, to approve a plan to repeal the flawed sustainable growth rate (SGR) payment system under Medicare. The approved legislation would replace SGR with a quality care-based program to provide stable payments to doctors and other providers.

The SGR formula is the faulty mechanism under Medicare that requires short-term "patches" by Congress each year to avert massive cuts in payments to providers. The Congressional Budget Office estimates the cost of repealing the current payment formula at $139.1 billion over 10 years.

The legislation the committee approved seeks to establish a five-year transition period while new quality care and performance incentives are developed. During this time, payments to doctors and other providers would increase by 0.5 percent per year. In 2019, ODs, MDs and other providers would be eligible for a 1 percent increase in rates on top of the inflationary raise if they meet approved care benchmarks.

Advocacy efforts continue

Through grassroots and direct Capitol Hill lobbying efforts, the AOA played a positive role in making Medicare payment stability a top priority for Congress this year. The AOA also worked to shape provisions directly affecting physician participation and payment.

Even before an initial draft of the bill was released in late May, the AOA was participating in Capitol Hill discussions aimed at ensuring that ODs would be fully eligible for physician payment updates and incentives.

Key members of the Energy and Commerce Subcommittee on Health, including Reps. Joe Pitts (R-Pa.), Michael Burgess (R-Texas) and Jan Schakowsky (D-Ill.), as well as full committee member Bruce Braley (D-Iowa), have kept an open door for optometry in continuing discussions about the bill.

Optometry also has weighed in with the Senate Finance Committee, which is preparing its own draft bill on Medicare payment reform. Senator Orrin Hatch (R-Utah), the committee's ranking Republican, told AOA staff at a recent meeting he wants to ensure ODs and their patients are treated fairly under any new system.

How to get involved

Federal Keyperson doctors continue their outreach with U.S. senators and House members during the congressional recess to discuss the essential role optometrists play as physicians in Medicare.

The 2013 AOA Congressional Advocacy Conference, Sept. 9-11 in Washington, D.C., presents a timely opportunity for those who want to join the push for reform. AOA doctors and students will have the chance to participate in Capitol Hill meetings on this critical issue as part of the conference.

For more information, contact Jon Hymes, director of the AOA Washington office, at 800-365-2219 or *jfhymes@aoa.org*.

LETTERS

Redefining health care boundaries may be a revolutionary idea

Editor:

I read the letter interchange between AOA member Mark Vogel and AOA president Ron Hopping (*AOA News*, April issue) with extreme interest. That letter exchange on the limits and responsibilities of optometrists in advising about systemic problems (in this case an obese patient) brought to mind a recent personal experience and a thought about expanded privileges and responsibilities for optometry.

Earlier this year my internist suggested I consult with a dermatologist to see if the two small growths on my face were cancerous and in need of removal. She offered to make the appointment for me.

At the appointed time, a nurse ushered into one of the dermatologist's office's many cubicles and the person who I thought was the "doctor" proceeded to examine my skin and then removed tissue for a needle biopsy.

I was impressed by her professionalism but surprised when she said something that led me to believe I was being handled by a physician assistant (PA). I was not really disappointed, but I was surprised. When I asked if the doctor (the dermatologist) was in, I was told that he was at the other office.

The biopsy was positive, and I was scheduled for surgery. A different PA prepared me for the work – she inoculated me with the anesthesia. Next I saw (for the first time) the dermatologist.

After surgery, I was then ushered into another room where a different PA closed the wound – with 18 stitches! No small wound, you can be sure. I was again satisfied with the work, but surprised to be part of the unsupervised delegation.

These talented folks were capable, and they made me think. Is the answer to the shortage of trained MDs, a delegation to physician assistants and to nurse practitioners? Why not to optometrists and pharmacists and others?

Is this not a good response to the need for more PCPs, now that the national health care law is being implemented? Would it not be logical for optometrists to get the training to handle the systemic disease that manifests itself with vision and eye signs and symptoms? It may need an additional year of college study, but the results could be profound – for health care and for optometry.

There has been some, albeit little, discussion on this subject. A recent report in the *Los Angeles Times* stated that "citing a doctor shortage in California, Sen. Ed Hernandex (D-West Covina) has proposed legislation that would redefine professional boundaries for nurse practitioners, pharmacists and optometrists to help treat what is expected to be a crush of newly insured Californians seeking care next year under the federal healthcare law."

I am not sure what the proposed CA legislation encompasses, but is this not the way we should go as a profession?

Think about it much as the ODs who practiced in the 1970s thought about optometry then when someone advanced the "revolutionary" idea of ODs using TPAs. It wasn't so revolutionary after all.

Irving Bennett, O.D.

Presidents' Council prepares for ACA implementation

We're almost there was the key message at the Presidents' Council conference at Optometry's Meeting®. Attendees heard from speakers about legislative updates as the profession heads toward the implementation of the Affordable Care Act.

Louisiana, Maryland, North Carolina, Georgia, Texas, Utah, Rhode Island, Oregon, Tennesee, California, Illinois and Florida shared state legislation updates and success stories. Many successes were attributed to the relationships built with key lawmakers.

State Government Relations Committee Chair Deanna Alexander, O.D., spoke about positive messaging.

AOA staff Jon Hymes, Brian Reuwer and Lendy Pridgen and volunteers Tommy Lucas, O.D., and Steve Montaquila, O.D., addressed the opportunities optometrists face in inclusion in accountable care organizations (ACOs).

"ACOs will be accountable for all patient costs, which makes it important for optometrists to be on their panels," said Dr. Montaquila.

Glenda Brown, O.D., of Georgia, discusses the passage of H.B. 235, expanding the prescriptive authority of optometrists.

Geoffrey Goodfellow, O.D., of Illinois, talks about a non-covered services bill.

To prepare for ACOs, optometrists should participate in the Physician Quality Reporting System, achieve meaningful use of electronic health records, electronically prescribe, and join a clinical registry, among other things.

Ten percent of the U.S. population is currently under ACO care. The AOA expects a significant increase in that number in 2014.

ACO resources, including a white paper, are available at *www.aoa.org*.

Marketplaces,

from page 1

27 will federally facilitated exchanges, and seven will be "partnership" exchanges, developed jointly by state and federal government.

Specifics on the federally facilitated exchanges had not been announced at press time. However, websites for all state-based and partnership exchanges can be accessed now on the "Your State Marketplace" page of the federal government's Health Care Reform web portal (*http://tinyurl.com/insurance-marketplace*). The HHS also offers a state-by-state health insurance exchange locator (*www.healthcare.gov/marketplace/individual).*

Optometrists can visit the websites to find contact information, organizational structure for the exchanges, and some information on how to apply to become providers. State optometric associations may provide additional information on exchanges for their members.

Multi-state plans will be available in 31 states in 2014 and in all states by 2017. Multi-state plans were created through the ACA to address the lack of competition in the individual health insurance market. Multi-state plans will be operated by the federal Office of Personnel Management, which is the entity that runs health insurance programs for Congress and federal employees. All multi-state plans must cover the same pediatric vision services for children.

AOA members can access a number of resources, including answers to frequently asked questions, to help explain the new insurance marketplaces and assess participation in these plans at *http://tinyurl.com/AOAhealthreform.*

ODs have resources for exploring insurance options

As health care practitioners, optometrists may have a leg up on other small business owners when it comes to new insurance options. But as employers, there may still be many questions.

AOA surveys find many optometrists provide, or wish to provide, health insurance coverage for their employees. Yet small health care practices, like other types of small businesses, generally do not qualify for advantageous group rates insurance plans offer to larger employers.

All health insurance marketplaces will offer the Small Business Health Options Program, specifically developed to meet the needs of small businesses.

For those with 50 or fewer employees, all health insurance marketplaces will offer the Small Business Health Options Program (SHOP), specifically developed to meet the needs of small businesses (*www.healthcare.gov/small-businesses*). Optometrists who do not have employees, and therefore do not qualify for SHOP programs, can still obtain coverage through the options offered by health insurance exchanges for individuals and families (*www.healthcare.gov/families*).

The U.S. Department of Health & Human Services (HHS) and other federal agencies offer a number of resources to help small businesses – including optometric practices – understand their rights and responsibilities as employers under the federal Affordable Care Act and assess the coverage options available through health insurance marketplaces.

Health insurance information

❖ The official HHS health care reform website (*www.healthcare.gov*) offers a variety of reform-related topics – including how reform affects individuals, families, and businesses. Beginning in October, visitors may obtain insurance by creating an account and logging onto to the website for the appropriate state health insurance exchange website.

Tax benefits, responsibilities

❖ The IRS Affordable Care Act Tax Provisions webpage (*www.IRS.gov/aca*) offers information on new health insurance coverage and financial assistance options, including the Premium Tax Credit, for individuals and families and new benefits and responsibilities for employers.

Small business resources

❖ The U.S. Small Business Association health care webpage (*www.sba.gov/healthcare*) outlines, in specialized articles, aspects of the ACA pertinent to the self-employed, employers with under 25 employees, and those with up to 50 or more employees.

Legal guidance on labor provisions

❖ The U.S. Employee Benefits Security Administration Affordable Care Act webpage (*http://www.dol.gov/ebsa/healthreform*) offers detailed information on providing coverage to employees, including guidance on the notice to employees of coverage option. (Optometrists may wish to review site document on "grandfathered" health benefits including vision benefits.)

U.S. Government Business Portal information

❖ Businesses of all sizes – including optometric practices – can now visit *Business.USA.gov/healthcare* for information on the ACA. An interactive tool allows employers to get tailored information on how the health care law may affect them based on their business' size, location, and plans for offering health benefits to their workers next year.

Small-employer call center

Optometric practices interested in SHOP may get answers to their health insurance questions through the new Health Insurance Marketplace Small Employer Call Center (800-706-7893).

The HHS Health Care Small Business webpage also offers an overview of the SHOP initiative and answers to the most common questions about the program, listing of SHOP options by state, and an interactive feature to help small business people determine the SHOP options available to them (*www.healthcare.gov/small-businesses*).

SHOP webinar

The HHS will offer a special webinar on the SHOP program Sept. 19 from 1 p.m. to 2 p.m. EST. The webinar is intended to explain how small businesses can offer employee health insurance starting in 2014. To register, log onto *http://tinyurl.com/SHOPwebcast*.

State health marketplaces by type

State	Exchange type
Alabama	Federal
Alaska	Federal
Arizona	Federal
Arkansas	Partnership
California	State-based
Colorado	State-based
Connecticut	State-based
Delaware	Partnership
District of Columbia	State-based
Florida	Federal
Georgia	Federal
Hawaii	State-based
Idaho	State-based
Illinois	Partnership
Indiana	Federal
Iowa	Partnership
Kansas	Federal
Kentucky	State-based
Louisiana	Federal
Maine	Federal
Maryland	State-based
Massachusetts	State-based
Michigan	Partnership
Minnesota	State-based
Mississippi	Federal
Missouri	Federal
Montana	Federal
Nebraska	Federal
Nevada	State-based
New Hampshire	Partnership
New Jersey	Federal
New Mexico	State-based
New York	State-based
North Carolina	Federal
North Dakota	Federal
Ohio	Federal
Oklahoma	Federal
Oregon	State-based
Pennsylvania	Federal
Rhode Island	State-based
South Carolina	Federal
South Dakota	Federal
Tennessee	Federal
Texas	Federal
Utah	Federal
Vermont	State-based
Virginia	Federal
Washington	State-based
West Virginia	Partnership
Wisconsin	Federal
Wyoming	Federal

Optometry's meeting® Wrap-up

AOA delegates applaud work of advocacy, foundation supporters

Optometry Association of Lousiana Executive Director Jim Sandefur, O.D., presents AOA Washington office Director Jon Hymes with a memorial plaque of the resolution passed by delegates at the 2013 Optometry's Meeting® recognizing his outstanding efforts on behalf of optometry.

The resolution noted pediatric eye health coverage is specifically categorized as essential and is based on an imbedded comprehensive eye exam benefit for children through age 18 offered by all health plans in the health care marketplaces and new plans outside the marketplaces. The 78 million insured children in the country will now no longer face restrictions from directly accessing optometrists for care.

"Because of the efforts of Jon Hymes, our relatively small association defeated a larger well-financed and aggressive opposition—an accomplishment that represents a tremendous victory for the American Optometric Association and the children of America," the resolution reads.

The House of Delegates also passed resolutions honoring the work of Irving Bennett, O.D., for his crucial role in Optometry Cares®—the AOA Foundation and the Ophthalmic Council, and David Danielson for his many years of dedicated service to the AOA and the profession of optometry, especially those in the federal service.

Bowling for optometry

In a first-ever tie, Varilux Optometry Student Bowl winners Blake Dornstauder, a NOVA Southeastern student, at right, and David Zimmerman, a University of Alabama at Birmingham School of Optometry student, center, celebrate their triumph as Essilor Vice President of Professional Relations and Clinical Affairs Rod Tahran, O.D., looks on. In its 22nd year, the Varilux Optometry Student Bowl sponsored by Essilor draws more than 1,700 students and ODs to cheer for their schools and participate in a unique rivalry at Optometry's Meeting®. For more photos and video, visit the American Optometric Student Association's Facebook page or *www.theaosa.org*.

House honors Cooper for state advocacy legacy

The House of Delegates passed a resolution expressing its thanks to recently retired AOA Associate Director of State Government Relations Sherry Cooper for her 22 years of service to the profession.

"Sherry has served as an unfailing source of wise counsel, sound advice and factual information whenever needed by affiliates, members, other AOA staff members, state licensing boards, international representatives of the optometric profession, legislators, and members of the public," the resolution read.

Cooper retired in March 2013 and continues to serve optometry as a consultant to the AOA and as staff for the Resolutions Committee.

Retired AOA Associate Director of State Government Relations Sherry Cooper receives a warm reception at the 2013 AOA House of Delegates in June.

Making a case

Betty Harville, O.D., of the Southern College of Optometry, presents her poster on "Atypical Vitreomacular Traction: A Case Report" on which she worked with Marlon Utech, O.D. The 2013 Optometry's Meeting® Poster Session June 29 at the San Diego Convention Center offered a national forum for clinicians, students, and faculty to communicate interesting cases and unique research to their colleagues. For more information on submitting a poster for the 2014 Optometry's Meeting®, email *om2103@aoa.org*. The complete 2013 poster presentations are available on EyeLearn™ at *http://tinyurl.com/AOAposters2013*.

ODs can recognize the value of paraoptometic staff by registering them for AOA associate membership

The recently passed AOA bylaws changes open AOA membership to paraoptometrics and expand access to educational benefits beginning Jan. 1, 2014, all at no additional cost to AOA-member doctors or staff. Registering staff as AOA members is a top way to recognize the value optometric staff bring to practices across the country. With Sept. 15-22 designated as Paraoptometric Recognition Week, current AOA Paraoptometric Section (PS) officers reflect on the bylaws change.

"When I left the House of Delegates, my mind envisioned all the possibilities ahead for the profession," said PS Immediate Past Chair Beverly Roberts, CPOT. "The section will soon transition to the Paraoptometric Resource Center and begin a new chapter in delivering programs and services to paraoptometrics. Open access to member benefits will translate into helping paraoptometrics provide even better patient care.

AOA member optometrists will be able to begin registering their staffs during the fourth quarter of 2013, but can begin preparing now. (*See box.*)

Registering staff for the NEW Paraoptometric Resource Center by year's end

BEFORE going online to register staff:

- Determine your practice's main contact. Will the doctor be registering staff and providing updates or will another individual, such as the practice's office manager, be designated to act on the member doctor's behalf?
- Staff may only be linked to a single location. If the practice has more than one location, determine which staff will be linked to which practice location. If a practice has more than one AOA member, determine what staff will be linked to which AOA member ID. You will need to have AOA member ID number(s) in order to register staff.
- Gather the following information for each paroptometric/optometric staff to complete the registration form:
  - Name
  - Maiden name/other name known by
  - Date of birth
  - Unique email address for each individual (no practice group email accounts)

Remember: There is no additional cost to the doctor or the staff member.

Sept. 15-22 is Paraoptometric Recognition Week.

"The new bylaw will automatically open the profession to a brighter and stronger future, facilitating membership growth and providing more educational and networking," said Linda Rodriguez, CPO, PS chair-elect. "I could not feel more proud and honored to be part of an amazing profession representing thousands of members throughout the country, all committed to helping provide the best eye care and duly recognized as an essential part of optometry."

"The new Paraoptometric Resource Center will fulfill the Paraoptometric Section's mission statement to reach all paraoptometrics and provide education and training for them," said Lori Kindschy, CPO, PS chair. "I was honored to be part of the leadership that forged forward with new ideas that will impact optometry in such a positive way."

For more information on the bylaws change and on paraoptometric benefits, visit *www.aoa.org/paraoptometrics*.

APHA award winners include renowned ODs

The American Public Health Association's Vision Care Section announced its 2013 award winners. The awards for Distinguished Service, Outstanding Scientific Paper, Morton W. Silverman Outstanding Student Project, and the Melvin D. Shipp Best Abstract will be presented during the AOA-sponsored Vision Care Section Eye Opener Breakfast at the APHA annual meeting in November.

Distinguished Service Award
Norma Bowyer, O.D., MPH

The distinguished service award will be presented to Dr. Norma Bowyer, who has been involved with many aspects of public health during her storied career. Over the past three decades, she has consistently demonstrated a firm commitment to tackling prominent public health issues, addressing vision health disparities, and providing strategic areas of consideration. There are few individuals who have promoted public health with her tenacity, depth of character, and level of fervent commitment to health care policy, particularly as it relates to disparities in blindness and visual impairment.

Dr. Bowyer worked vigorously for the inclusion of eye and vision health objectives within the nation's public health agenda, Healthy People 2010, serving on numerous committees and testifying in support. At the state level, she led the charge

Dr. Bowyer

Dr. Taub

in securing the inclusion of vision and eye health objectives in Healthy West Virginia 2010. The translation of the national vision objectives to state and local priorities was largely due to Dr. Bowyer's commitment as co-chair of the state's "Vision and Eye Health" chapter. She is representing eye care providers in the national Rural Healthy People 2020 consortium and is co-chair of her state's 2010-2020 Workgroup.

Outstanding Scientific Project Award
Marc B. Taub, O.D., and Ashley Gentrup, O.D.

This award recognizes an individual, group, or institution that has contributed significantly to the advancement of eye/vision care in the public health field. This year's outstanding project, "Investigation into the use of the FUNDS Program for Vision Therapy at Southern College of Optometry," describes SCO's vision therapy service, which assists patients in paying for this much-needed aspect of health care. Without this program, hundreds of children each year in the Memphis region would continue to struggle in school. This project highlights the success and difficulties of implementing a vision therapy scholarship program in an urban environment and investigates these issues related to poverty.

The Morton W. Silverman Outstanding Student Paper/Project Award
Lekha Samuel and Susan Evans

This award recognizes a student or group of students that has contributed significantly to the advancement of eye/vision care in the public health field from the perspective of a student in optometry, medicine, public health, or related health professions programs. This year's outstanding student project is "Optometrists' comfort in discussing patient health issues." Over the past 30 years, the profession of optometry has increasingly moved in a medical direction. Optometrists now practice as part of multidisciplinary teams and even in the same offices as medical doctors, not only ophthalmologists. They are expected to treat a greater number of conditions and delve into patient history in greater depth than ever before. This study provides data as to whether this is actually happening in offices across the United States. Not surprisingly, comfort related to hypertension/ diabetes is the highest. that the project found fewer than 50 percent of optometrists routinely discuss obesity, stress and smoking, these topics must become a priority if optometrists are to be considered primary eye care providers. Optometry programs and those providing continuing education must also do a better job at educating their audiences of the importance of smoking/ weight/ nutrition/ exercise, and stress on visual health.

Susan Evans

Lekha Samuel

Melvin D. Shipp Best Abstract Award
Asel Ryskulova, M.D., MPH, Rosemary Janiszewski and Rebecca Hines

The best abstract award will go to "Healthy People 2020 vision objectives: Use of protective eyewear in recreational activities and hazardous situations around the home in the US." Almost all eye injuries can be prevented with the proper selection and use of eye and face protection. This study presents national data on use of protective eyewear to set the baseline and target for the Healthy People 2020 vision objectives.

Registration for the 141st APHA Annual Meeting and Exposition Nov. 2-6 in Boston is available at *www.apha.org/meetings/AnnualMeeting*.

Fluoroquinolones pose risk for permanent nerve damage

Fluoroquinolone antibacterial drugs can cause serious side effects such as peripheral neuropathy, the U.S. Food and Drug Administration is warning practitioners.

Serious nerve damage can occur soon after fluoroquinolones are taken by mouth or injection and may be permanent.

"Although the topical forms of fluoroquinolone ocular antibacterial drugs have not been associated with the reported side effect, the oral forms are used by optometrists in many states," said Michael R. Dueñas, O.D., AOA chief public health officer. Approved fluoroquinolone drugs include levofloxacin (Levaquin), ciprofloxacin (Cipro), moxifloxacin (Avelox), norfloxacin (Noroxin), ofloxacin (Floxin), and gemifloxacin (Factive).

"Make sure your patients know to contact you if they develop symptoms of peripheral neuropathy. Make sure your patients receive the medication guide with every prescription. If a patient develops symptoms of peripheral neuropathy, the fluoroquinolone should be stopped, and the patient should be switched to another, non-fluoroquinolone antibacterial drug, unless the benefit of continued treatment with a fluoroquinolone outweighs the risk," the FDA advised in an Aug. 15 Medwatch Safety Alert to health care practitioners.

Health care professionals should report adverse events or side effects to the FDA by:

- Online form and report (*www.accessdata.fda.gov/scripts/medwatch)*
- Download the form or call 800-332-1088 to request a reporting form to submit by mail or fax to 800-FDA-0178.

ODs can easily avoid PQRS pay penalties with AMD codes

Optometrists can still avoid having Medicare reimbursements docked 0.5 percent in 2015 under the Physician Quality Reporting System (PQRS) if they see a Medicare patient with diabetes, open-angle glaucoma, or age-related macular degeneration (AMD) by the end of the year. All that is necessary is "a good-faith effort" to provide quality patient care by taking the measures encouraged under the program, such as discussing the benefits of the Age-Related Eye Disease Study (AREDS) formulation of antioxidant supplements or providing dilated macular examinations when patients present with AMD.

"With Medicare planning to increase its quality reporting requirements over coming years, practitioners have reason to make a real effort to use PQRS codes on a regular basis," notes Rebecca Wartman, O.D., of the AOA Third Party Executive Committee. "By doing so now, practitioners could not only avoid the coming PQRS payment penalty in 2015 but quite possibly still earn a PQRS bonus this year."

AOA polls consistently show optometrists are already taking the steps encouraged under the PQRS to ensure high quality of care – such as providing dilated eye examinations and discussing the AREDS formula with AMD patients – so all most practitioners need to do is properly report those services to Medicare using the standard Medicare 1500 claim form along with the appropriate quality reporting code.

Medicare considers a good-faith effort to mean as little as providing PQRS quality-of-care measures to a single appropriate patient over the course of a year, so all practitioners need to do is use the PQRS codes once – on one claim form for one patient – during 2013.

"With Medicare planning to increase its quality reporting requirements over coming years, practitioners have reason to make a real effort to use PQRS codes on a regular basis."

This month, *AOA News* is focusing on the reporting of AMD quality measures through the PQRS. Features on glaucoma and diabetic retinopathy quality measures will follow in the coming months.

Two PQRS measures relate to the diagnosis of AMD:

- Measure 14 – Age-Related Macular Degeneration: Dilated Macular Examination
- Measure 140 – Age-Related Macular Degeneration: Counseling on Antioxidant Supplement

Practitioners may use one or both measures with any of the following three AMD diagnoses codes:

- 362.50 – Macular degeneration NOS
- 362.51 – Macular degeneration, non-exudative
- 362.52 – Macular degeneration, exudative

Measure 14, reported on claims using QDC 2019F, indicates the provider had a dilated view of the macular and documented whether macular thickening and hemorrhages were present or not.

The provider must dilate and record findings once per a 12-month period or once per a reporting period.

However, the quality data code QDC must be used on every claim submitted for the AMD diagnosis even when the dilated macular examination was performed during a previous patient visit.

For cases in which the practitioner could not provide a dilated examination, the PQRS provides exceptions that can be noted on claims with the following modifiers:

1P: Medical reason for no dilated macular view

2P: Patient's reason for no dilated macular view

8P: Other reason for no dilated macula view.

However, practitioners should use such exceptions, particularly 8P, judiciously.

Measure 140, reported on claims using QDC 4177F, indicates the provider discussed the pros and cons of AREDS formulation of antioxidant supplements and made proper recommendations for the individual and documented the discussion per the AREDS report.

This discussion and documentation of recommendations must occur once per 12-month period or once per reporting period for each unique patient. However, the QDC must be used on every claim submitted for the diagnosis, even when the AREDS discussion occurred during a prior patient visit.

The only exception for 4177F is 8P – No reason for not discussing AREDS.

The AMD quality measures are applicable only to patients age 50 or older.

For additional information, including the AOA Summary Chart of PQRS coding, visit *www.excelod.com/pqrs*.

OPTOMETRY CARES

Optometry Cares Society recognizes charter members

Support of Optometry Cares® - The AOA Foundation ensures immediate relief to optometrists in the wake of natural disasters, vision care to needy Americans, scholarships for optometry students, preservation of optometry's history and public education about the need for a lifetime of vision care. Becoming a charter member of an elite group of AOA supporters in the Optometry Cares Society only requires a minimum pledge of $500 each year for three years.

Friend Level

Kerry L. Beebe, O.D.
Renee Brauns
Greg Caldwell, O.D.
Joe Ellis, O.D.
Julian Gangolli
Ronald L. Hopping, OD, MPH
Barbara Horn, O.D.
Dr. and Mrs. Robert C. Layman
Mitchell Munson, O.D.
Rodney Peele
Christopher and Susan Quinn

Ambassador Level

Barry Barresi, O.D., Ph.D.
Robert James Cimasi & Laura M. Baumstark
T. Joel Byars, O.D.
Dori Carlson, O.D.
Cynthia & Denny Holter
Dr. and Mrs. Peter Kehoe
Steven A. Loomis, O.D.
Joseph C. Mallinger, O.D.
Jack Schaeffer, O.D.
Samuel Pierce, O.D.
Dave Sattler
Jerry Sude, O.D.
Andrea Thau, O.D.
The Vision Council

20/20 Circle

Drs. John and Cheryl Archer
Allan Barker, O.D.
David Cockrell, O.D.
Lynn S. Hammonds, O.D.

Lifetime Member

Hamada Family Trust
Martha Morrow, O.D.

List current as of Aug. 21, 2013

To make sure your name is listed as a charter member, contact Optometry Cares® - The AOA Foundation's Dennis Holter, chief advancement officer, at 314-983-4138 or visit *www.aoafoundation.org*.

On a mission

Wisconsin OD delivers care to thousands on his travels to South America

Peru is almost a home away from home for Wisconsin optometrist Steve La Liberte, O.D. For many years, he has led Volunteer Optometric Services to Humanity (VOSH) missions to first Nicaragua and now Peru.

Dr. La Liberte's daughter, Stephanie, an Illinois College of Optometry student, has even accompanied him on his last two trips.

"Our first Lima mission was in 2001 on which we had a surgical team doing crossed eyes, cleft lips and cleft palates, a dental team, and our VOSH eye mission all together," said Dr. La Liberte, who practices at the Mayo Clinic in Wisconsin. "That group proved to be too large for the orphanage we stay at to accommodate us, so we later split into separate missions. But our VOSH work there continues, as does the surgical and dental care. We have built a full-time dental clinic there and Father Sebastian actually has plans drawn up and a scale model built for a permanent hospital and clinic to be built on the orphanage grounds. So the seeds we planted there have grown into health care for thousands of very poor in the Lima area."

Dr. La Liberte returns every other year to serve those in need.

"It's so humbling," he said. "They make you want to come back."

Many of those receiving care want to offer some type of payment in return. In the mountains, the Quechua Indians do not have a word for "thank you."

"It's not something you say—it's something you do," Dr. La Liberte explained.

When one patient tried to give a belt as thanks, the team said his smile would be enough. From then on, two Quechua children arrived every morning to smile at them.

"Through my mission work I have learned that the happiest people are not those who have the most. It is the people who need the least."

Dr. La Liberte's latest mission was in January to an orphanage in Lurin, Peru. The team included four optometrists, an eye surgeon and 15 optical volunteers.

"They help people who had no other hope see again," Dr. La Liberte said.

The team saw 2,660 very needy poor for eye exams and fit 2,500 pairs of recycled Lions eyeglasses. They provided the orphanage with 11,500 pairs of recycled Lions eyeglasses for future use.

"The Lions eyeglass program makes this all possible with their Lions Foundation providing us with the many recycled eyeglasses we need to serve these poor people," he said. "In addition to their eyeglass program, many area Lions clubs contributed financially to help support our other expenses, as did the Mayo Skemp Foundation and the Diocese of La Crosse."

Dr. La Liberte's mission work has led to medical and surgical teams coming to the orphanage in Peru as well as dental teams.

"Through my mission work I have learned that the happiest people are not those who have the most. It is the people who need the least," he said.

Steve La Liberte, O.D., receives assistance examining a patient in Peru.

Dr. La Liberte urges other optometrists to experience VOSH mission trips.

"I'm not a real leader," he said. "It's nerve-wracking for me, but you just do it. Go and make a difference. It's a chance for a wallflower optometrist to make a difference and shine. You just need a good heart."

Visit *www.vosh.org* for more information and to volunteer.

Dr. La Liberte performs an exam on a young woman as part of a recent mission trip.

Countdown of the Top 10 AOA News stories

No. 2: AOSA Names Officers, Board Of Directors

*Editor's Note: To commemorate 50 years of groundbreaking news in optometry, we are publishing the Top 10 AOA News stories as selected by our readers from all five decades. Please share your commentary and personal stories on the site as well (*http://connect.aoa.org*). The AOA News ran the following article in December 1968.*

On July 1, 1968, an order was proclaimed declaring the American Optometric Student Association (AOSA) an official organization.

The AOSA is an affiliation of three optometric schools: Pennyslvania College, Indiana University, and University of California at Berkeley.

The remaining seven schools of optometry are expected to join the affiliation in the near future.

During the interim the AOSA Board of Directors have ruled that direct membership for one year be offered to students in these remaining schools.

Officers for the newly organized group are: Raymond Myers, IUO, president; Jeffrey Furman, PCO, vice-president, and Dr. Burton Worrell, UCO, Berkeley, editor.

Board of Directors — Donald Teig, PCO, and Larry Sayer, IUO.

The official organ of the AOSA, a news letter entitled the Student Review, made its debut in November.

Also, from the AOSA archives:

In 1942, the American Optometric Association (AOA) organized a committee to look into the possibility of a student organization, but planning was interrupted by the onset of World War II.

There were several attempts in the early sixties to establish communications among the schools and colleges of optometry, but it wasn't until 1968 that the American Optometric Student Association actually was formed.

This was mainly due to the efforts of Raymond I. Myers, a student at the Indiana University School of Optometry, who became the organization's first president.

The AOA endorsed the organization immediately.

In 1969, the AOSA received national recognition when Bob Middleton, the association's second president, a student at PCO, testified before a Senate subcommittee as a representative of health professional students, an honor that at that time was shared only with the American Medical Student Association.

Also, in that year, Congress was ordering a Health Education cutback, an important issue for optometric students then as now—a very good reason why students needed a voice and a network of strength.

Burt Worrell, Jr., then a student at the University of California at Berkeley, School of Optometry was instrumental in publishing the first American Optometric Student Review in January 1969.

Today, the AOSA has grown to 6,300 members, or 88 percent of the students in the 23 schools and colleges of optometry in the United States, Canada and Puerto Rico.

In reflecting upon the gains of the past, many members logged on to AOAConnect and voted for the top story of the past 50 years. Here are some of the choices:

1963—AOA became an agency member of the American Public Health Association.
1964—AOA files complaint with U.S. Dept. of Justice alleging restraint of trade and conspiracy on the part of the American Medical Association
1967—Council on Clinical Optometric Care is formed
1967—Alabama legislature authorizes the establishment of a school of optometry, the first to be an integral part of a medical center (UAB)
1968—American Optometric Student Association (AOSA) formed
1971—First DPA Law passed - Rhode Island
1976—First TPA Law passed— West Virginia
1977—U.S. Supreme Court reverses four decades of precedent and holds that professionals may utilize truthful advertising (Bates v. Arizona State)
1986—Medicare parity legislation allows reimbursement for optometrists for health-related services performed on nonaphakic patients.
1988—Federal Trade Commission approves trade regulation (Eyeglasses II)
1994—Publication of first AOA Optometric Clinical Practice Guidelines, providing ODs evidence-based recommendations for patient care
1998—First state law specifically authorizing the use of lasers by optometrists for certain treatment purposes enacted in Oklahoma
2000—Kentucky became the first state to require children to have a vision examination before entering the public school system
2002—AOA launches the Healthy Eyes, Healthy People® program
2005—InfantSEE® program established
2008—AOA establishes the National Commission on Vision and Health (NCVH)
2009—AOA House of Delegates votes in favor of establishing the American Board of Optometry (ABO) to develop and implement the framework for optometric board certification

Stepping up membership

Membership topics, ranging from recruitment and retention, to benefits and services, to the value of being a member, were all part of the discussion as state associations and the AOA gathered for a full-day session at the AOA's St. Louis headquarters Aug. 7. The group worked to prioritize key components of the membership value proposition and will create tools and strategies to achieve membership goals.

On the left, from front to back, are Renee Brauns, AOA chief operating officer; Laura McHale, Virginia Optometric Association; Stephanie Kopsak, Connecticut Association of Optometrists; Scott Ream, O.D., Missouri Optometric Association and AOA Affiliate Partner Membership Committee member; Alissa Johnson, Nebraska Optometric Association and AOA Internal Communications Committee chair; Debbie Collins, Kansas Optometric Association. On right, from back to front, are Stacey Struckhoff, AOA student and faculty membership manager; Jodi Haas, California Optometric Association; Bridget Sims, Indiana Optometric Association; Beth Coleman, Minnesota Optometric Association and AOA Affiliate Partner Membership Committee member; Shannon Luckey, Texas Optometric Association; Sarah Link, Mississippi Optometric Association; Sarah Unger, Kentucky Optometric Association; Jennifer Frawley, AOA director of affiliate relations and membership. Not pictured: Charlene Marsh, Illinois Optometric Association; Jo Beth Wicks, Alabama Optometric Association; and Sarah Lawson, AOA, assistant, Affiliate Relations & Membership Group.

'Ask the Codeheads'

Ask the Coding Experts: Frequently Asked Questions

By Walt Whitley, O.D., Jason Miller, O.D., and Chuck Brownlow, O.D., AOAExcel™ medical & records consultants

This month's column will review some of the common questions we receive from colleagues from across the country. Many of these questions are issues facing numerous offices, so you are not alone. If you have any particular billing and coding questions, email them to us at *askthecodingexperts@excelod.com*.

Advance Beneficiary Notice vs. Notice of Exclusions from Medicare Benefits

Q. Can you tell me more about the Advance Beneficiary Notice and how it differentiates from the Notice of Exclusions of Medicare Benefits? Where can I get one and when should I use it?

A. The Advance Beneficiary Notice (ABN) can be used any time you will be providing a service for a patient (fields, photos, imaging, etc.) and you are unsure whether an insurer will cover it. For example, the insurer might say the procedure isn't paid for when combined with certain diagnosis codes. In this case, have the patient sign the ABN before the test is done, agreeing to pay for the test in the event the insurer does not. The ABN gives providers a chance to explain the uncertainties of the insurance and the fact that no insurance covers everything. Additionally, it is an opportunity to discuss the importance of the testing and that all services not covered or are ruled to be "not reasonable and necessary" by the insurance company need to be paid by the patient. More information is available at *www.cms.gov*.

The Notice of Exclusions from Medicare Benefits (NEMB) addresses items and services for which Medicare will not pay. Medicare does not pay for all of our patients' health care costs and only pays for covered benefits. These noncovered items or services will be the responsibility of the patient. The purpose of this notice is to help patients make an informed choice about whether they want to receive these items or services, knowing they will have to pay for them.

> *The ABN gives providers a chance to explain the uncertainties of the insurance and the fact that no insurance covers everything.*

Refraction is the most common example of a possible use of the NEMB, helping the patient understand it is an important service even though it is not covered by Medicare. Some patients even insist that refraction be billed and won't pay unless they see the denial. Another example where the NEMB is useful would be patients electing an advanced technology intraocular lens (IOL), which is an elective procedure to reduce our patient's dependency on glasses or contact lenses. Of course the standard cataract surgery is covered by Medicare and the extra charges for the advanced IOL are not. The NEMB would be used for those extra charges.

Proper billing for high-risk medications

Q. If we have a patient on plaquenil, what is the best CPT and ICD-9 to bill for visit and additional testing?

A. In 2011, the American Academy of Ophthalmology (AAO) revised the recommended guidelines for patients using chloroquine (CQ) and hydroxychloroquine (Plaquenil). The updated testing includes a dilated fundus examination to establish a baseline and to rule out maculopathy. Fundus photography can also be considered for documentation. It is also recommended to perform an automated 10-2 visual field in addition to one or all of the following: spectral domain optical coherence tomography (SD-OCT), fundus autofluorescence (FAF) or multifocal electroretinogram (mfERG) if available. Now the question that remains is how to properly bill for this.

First, screening tests are never covered alone so it is important to establish and document medical necessity. The "reason for the visit" of the examination is to diagnose and document any changes that may occur with the use of high risk medications. Use the appropriate CPT codes that most accurately describe the examination (either a 99XXX or 92XXX) with the corresponding ICD-9 code that best describes the condition you are evaluating. A dilated fundus examination is used to detect and document any damage to the optic nerve,

See Codeheads, page 22

AOAExcel™ Medical Records & Coding Resources

The following resources are available to AOA members through AOAExcel™. Visit *www.ExcelOD.com/Coding*.

- "Frequently Asked Questions" for members-only, provides detailed answers to medical records and coding questions.
- AskTheCodingExperts@ExcelOD.com offers AOA members-only the opportunity to email their coding questions and have them answered by a topical expert in medical records and coding.
- Medical Records and Coding Webinars are provided as a no-cost AOA member-only benefit to educate doctors and staff on medical record-keeping and coding.
- The AOAConnect social networking site features a Coding & Billing Group where AOA members, students, volunteers and staff can share information that specifically relates to coding and billing (*connect.aoa.org*).
- AOACodingToday.com is an AOA member-only benefit available to all AOA members at no cost (previously $349). AOACodingToday.com is a Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, and Medicare relative value information.
- AOA.ReimbursementPlus.com Suite, a customized version of the industry-leading Current Procedural Terminology (CPT) data and information service, ReimbursementPlus® is the leading cloud-based service for any information related to procedure and diagnosis codes, fee analysis, Centers for Medicare & Medicaid Services (CMS) reimbursements, national and local coverage rules, Correct Coding Initiative (CCI) edits and any other CPT information desired, all specific to the practitioner's ZIP code. *AOA.ReimbursementPlus. com* provides critical real-time information that will greatly benefit AOA members in medical coding and compliance within their eye care practices.
- Codes for Optometry is available from the AOA Marketplace for $140. It is a two-volume set including Current Procedural Terminology© American Medical Associaiton codes and a separate volume of diagnosis codes used in eye care, Medicare's Correct Coding Initiative, the Healthcare Common Procedure Coding System (HCPCS) codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. Codes for Optometry is available on a CD in a searchable format.

AOAExcel™ is devoted to assisting members in dealing with the challenges of everyday practice life, including those related to insurance programs.

The AOA is excited to bring this expertise directly to members' offices as a value-added member beneift. Many of these benefits are provided at no cost or at greatly reduced cost to AOA members.

Uprise

Practice Management & EHR by **VisionWeb**

Surprisingly Simple, and **So Much More than Practice Management & EHR**

StartYour**Uprise**.com

AOAExcel™ offers Business & Career Resources

The following resources are available to AOA members through AOAExcel™. Visit *www.ExcelOD.com*.

❖ Optometry's Career Center® provides a national, online database and career matching service that helps you find jobs, partners or candidates in the optometric field across all 50 states and the District of Columbia. Visit *www.Optometrys Career Center.com*.

❖ **'Frequently Asked Questions'** for members only, provides detailed answers to business and career questions.

❖ **BusinessAndCareerOD@ExcelOD.com** offers AOA members the opportunity to email their practice management questions and have them answered by a topical expert in buying/selling agreements, bringing in associates, staff management, and other practice management topics.

❖ **Business and Career Webinars** are no-cost AOA member-only benefits to educate doctors on how to navigate their career paths, from practice entry, to management, growth, and succession planning.

❖ **AOAConnect** is a members-only social networking site with a Practice Pathways Group where AOA members, students, volunteers and staff can share information on how to successfully transition into or out of a practice. This includes, but is not limited to, the buying or selling of an optometric practice.

❖ **OptometryCEO.com** provides relevant, non-industry supported insight into daily practice management successes and unforeseen mistakes of a private-practice optometrist.

❖ **Wells Fargo Practice Finance** is the source for acquisition and expansion financing. Market data reports provide indispensable geographic and demographic data. The program includes customized financing, business planning tools and a network of resources.

❖ **Practice Pathways** at Optometry's Meeting® gives both buyers and sellers the facts they need to successfully transition a practice. You'll learn the process of transferring practice ownership from doctors who have been there, principles of winning relationships and leadership, the importance of communication, and hands-on tools to retain patients.

The series will cover practical knowledge, and the legal, financial, and tax aspects. For more information, email *AOAExcel@ExcelOD.com*.

The AOA is excited to share all these resources with members, bringing much expertise right into offices as value-added member benefits. Even better, much of this is provided at no cost or at greatly reduced cost to AOA members. Visit *www.ExcelOD.com*.

AOA.ReimbursementPlus.com
The Only Cloud-Based CPT Data & Information Service Your Practice Will Ever Need
Powered by ReimbursementPLUS®

AOA eXcel™ Next Generation Optometry

Endorsed Business Partners

Education Loans
Wells Fargo Education Financial Services

Group Insurance
AGIA

Malpractice Insurance
Lockton Affinity, LLC

Member Credit Card
Bank of America

Members Retirement
AXA Equitable Life Insurance Company

Optometry's Career Center®
Boxwood

To learn more about these AOA member benefits, please visit **ExcelOD.com**.

AOAExcel™ is a wholly owned subsidiary of the American Optometric Association®.

eyelearn™
AOA's Online Learning Resource

AOA eXcel™ Next Generation Optometry

Free Webinar Series

Updates on HIPAA and ICD-10 Implementation

This webinar will provide updates to the HIPAA changes that were implemented this year in addition to preparing for ICD-10.

Tuesday, Oct. 8, 11 a.m. CST
Tuesday, Oct. 22, 11 a.m. CST

Speaker: Walt Whitley, O.D., F.A.A.O., MBA
AOAExcel™ Medical Records & Coding Consultant

AOA business Next Generation Optometry

Associate to Partner Proposal Review

To keep moving forward in your career without putting yourself into a bad position requires an understanding of what a successful partnership should look like. Join Dr. Fleming as he discusses the characteristics of an associate-to-partnership proposal that is a win-win for both parties.

Wednesday, Oct. 16, 9 a.m. CST

Speaker: Chad Fleming, O.D., F.A.A.O.
AOAExcel™ Business & Career Coach

AOA career Next Generation Optometry

Register Today! www.ExcelOD.com/Events
Archived versions of the AOAExcel™ Business & Career Webinars are available at: www.ExcelOD.com/ArchivedWebinars.

More is More...

More features.
More job seekers.
More practice success.

Already the leading optometry placement service in the industry, OCC is now even better. Go to **OptometrysCareerCenter.com** today to learn what's new and post your job opening.

AOA career | AOA Next Generation Optometry eXcel™

Realities of Optometric Practice

What to do when you're under cyber attack

By Chad Fleming, O.D., AOAExcel™ Business and Career coach

As a partner in a multi-doctor office, it is never fun when one of the doctors is on vacation. It was Sunday evening the week prior to my partner's vacation. He was on a road trip with his family. You know the joy of the initial weekend travel where all things look positive as there is a whole week ahead of relaxing and enjoying the benefits of hard work. For my partner, the road to their destination made one stop he wishes could have ended a little different.

It seems every road trip features the same discussion: where is the family going to eat? This particular road trip was no different. Eventually the family decided on a restaurant that served traditional Chicago-style pizza. So they all decided this was the place to add to their many memories of a great family vacation.

As we all do, my partner finds the location on his phone's GPS map and listens to Siri direct him to the place. As they arrived, he went through his mental checklist on where the best place to park for traffic would be, should he drop the kids off at the door or make them walk, and should he be concerned about the surrounding area and the safety of all the family's stuff in the vehicle.

Once parked, he looked in the rearview mirror to see smiles from ear to ear on all three of his children's faces. They finally arrived, and it was time to go enjoy that traditional Chicago-style pizza.

As he was turning the SUV off, he had one final, all-important decision to make: should he leave his iPad in the vehicle or take it with him? He decided to take it with him as he had way too much important information to risk losing it from a smash and grab.

The restaurant turned out to be better than they could have expected. The pizza was hot. The toppings were fresh, and it seemed the diet drinks were colder and more refreshing than normal. My partner paid the bill, and the family made their way out of the restaurant and headed back to the vehicle.

During the walk to the vehicle parked about four blocks away, my partner's mental joy of seeing his family and wife happy turned to panic as he looked at his wife with that look you never want to see on your spouse's face. They all stopped in their tracks as their fearless leader had the face of serious concern. "What's wrong?" they all asked. He explained that he had taken his iPad into the restaurant to keep it safe and secure. Unfortunately, he was on the sidewalk about two blocks away and his iPad was still at the restaurant. After pausing for a moment, he turns 180 degrees and takes off in a dead sprint back to the restaurant.

At the restaurant there was no evidence of the iPad, and no employee who could attest to knowing anything about the iPad. My partner requested the manager, and after further discussion and exchanging of information, he left with his head down and his stomach churning with disgust.

Shortly after this, he called me on the phone and asked what we should do as this was also the iPad he used for all patient care at the office. Fortunately I told him we remotely access a terminal server so all data he viewed on the iPad at the office was only a screen and no data was transferred. We also discussed that the "find my iPhone" feature would allow us to disable the device remotely and that we could disconnect all shared files through Dropbox and Evernote. Although still discouraged that his iPad was stolen, he was relieved that he did not have to carry the burden of breached security and patient data exposure.

So who carries the burden and liability of losing an iPad or computer with patient data? Or who is responsible for a cyber attack (someone hacks your office computer)?

So who carries the burden and liability of losing an iPad or computer with patient data? Or who is responsible for a cyber attack (someone hacks your office computer)? The unfortunate carrier of liability is YOU.

Many ODs, just like yourself, assume that because patient data is housed on a server or in the Cloud there is no footprint on the computer. This is not necessarily true.

All optometrists who use computers in the practice and off-site for patient care are liable for cyber attacks. The only way to protect yourself against this is to stop using computers and the Internet OR purchase Cyber Liability Insurance.

The views expressed are those of the author and do not necessarily reflect the views of the AOA.

Dr. Fleming

AOAExcel resources

For more information on cyber liability insurance, visit *ExcelOD.com/Liability-Business*.

Codeheads,

from page 18

macula or retina along with any baseline testing. Fundus photography (92250) is used to establish a baseline to compare for future changes to the macula/retina, while SD-OCT (92134) is used to document changes in the affected area.

The three most-common ICD-9 codes used for patients on high-risk medications such as plaquenil include: 1) The code for the condition (e.g. 714.0, rheumatoid arthritis with plaquenil; 2) V58.69 (long-term use of high-risk medications ; and 3) the E code for the medication (E931.4 for plaquenil). E-codes are supplemental codes that capture the external cause of injury or poisoning or the intent and the place where the event occurred. They are intended to provide data for injury research and prevention strategies and are never used as a primary diagnosis.

Wrap-up

These are just a couple of the common questions we receive through *askthecodingexperts@excelod.com*. Contact us with any other questions. In our upcoming October webinar, we will discuss "Updates on HIPAA and ICD-10" in addition to answering questions from the audience. We hope to "see" you there!

The views expressed are those of the authors and do not necessarily reflect the views of the AOA.

What's better than 9?

Evaluate your current documentation in ICD-10

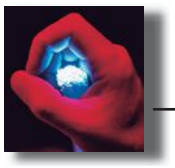
Take a look at your current records to see how your clinical documentation would be graded in ICD-10.

Remember, the purpose of ICD-10 is to more accurately describe each patient's condition and documentation is what drives coding.

During your history, is it comprehensive enough to fully describe the encounter that will go along with your findings?

One helpful tip would be to practice and improve on your everyday documentation which is driven by each clinical condition.

This will allow yourself or your coder to have enough information for ICD-10 classification.



Eye-dropper bottle evolves

By Geoffrey W. Goodfellow, O.D., and Dominick M. Maino, O.D.

The instillation of ocular pharmaceuticals has been around for more than 100 years. From diagnostic agents we instill in the office, to prescription pharmaceuticals patients administer themselves, very little has changed about the delivery mechanism over the years.

Most optometrists are familiar with the limitations of the traditional dropper bottle. It can be difficult to control the exact size of the drop that gets into the eye, and patients often blink at just the wrong moment. The challenges are increased when the bottle is in the hand of the patient at home – who knows exactly how much medication is getting in the eye or if they have been taking their medications regularly.

Sean Ianchulev, M.D., MPH, associate clinical professor of ophthalmology at the University of California San Francisco, and Mark Packer, M.D., clinical associate professor of ophthalmology at Oregon Health & Science University in Portland, are working with Corinthian Ophthalmic, Inc. to upgrade the technology used to instill ocular pharmaceuticals.

Although not yet commercially available, the new microdroplet fluid ejection device named "Whisper" is built to address the above challenges as well as drastically improve the way eyedrops are administered.

The piezoelectric fluid ejection system is able to control the exact dose and droplet size. A no-touch LED alignment system eliminates the need for patients to tilt their heads, and the medication is delivered about a third faster than the human blink rate.

A no-touch LED alignment system eliminates the need for patients to tilt their heads, and the medication is delivered about a third faster than the human blink rate.

The system also stands apart from the old-fashioned bottle in that it delivers the drug in a parallel stream of similarly sized droplets traveling at the same velocity. Because there isn't much turbulence, nearly all of the pharmaceutical agent gets to the target tissue, allowing the amount of drug needed to be considerably less.

To put that into perspective, the traditional dropper bottle uses about 30 microliters of liquid, whereas the Whisper device was able to get the same medication effect using about 6 microliters. That's less liquid for the patient to feel, less stinging, and less tearing.

Drs. Ianchulev and Packer describe the proof-of-concept study where pupil dilation was measured after administration of 2.5 percent phenylephrine and 1 percent tropicamide in various dose volumes. Some eyes received the medication via a 30-microliter eyedrop while others received delivery from the Whisper device at either 1.5 microliters, 2 x 3 microliters, or 6 microliters. The initial findings were that 6 microliters of drug delivered with the Whisper created about the same dilation effect as with the traditional eyedrop. They've also been successful delivering countless other ophthalmic medications.

The designers of the device want it to be comfortable for the patient, inexpensive, and use a cartridge mechanism so that different pharmaceuticals can be snapped into the device. Because the device has multiple seals, Corinthian believes there may be no need for preservatives in medications delivered with the Whisper device.

In the future, using a more technologically enhanced method of delivering ocular drugs could enable other improvements too. In general, technology like the Whisper could:

- Provide more independence for the elderly or others with limited dexterity to self-administer eyedrops.
- Add an alarm to remind patients to instill their drops.
- Build in a recording system where the device could report back to the doctor when the drops were taken.
- Eliminate preservatives in certain ocular pharmaceuticals.
- Deliver multiple individual drugs simultaneously to provide a combined effect without the drugs needing to exist as combinations.
- Design an auto-mix system to ensure suspensions are shaken well before delivery.

There are likely many other benefits that could be derived from devices like the Whisper. Although technologies like automated visual fields, optical coherence tomography, and Heidelberg Retina Tomograph have revolutionized eye care, optometrists may also have much to gain by exploring improvements to our simple plastic dropper bottles.

Dr. Goodfellow is an associate professor of optometry at ICO and the college's assistant dean for curriculum and assessment. He can be contacted at ggoodfel@ico.edu. *Dr. Maino is a professor at the Illinois College of Optometry (ICO), a Distinguished Practitioner of the National Academies of Practice, and the newest member of the Lyons Family Eye Care team. He can be contacted at* dmaino@ico.edu.

The views expressed are those of the authors and do not necessarily reflect the views of the AOA.

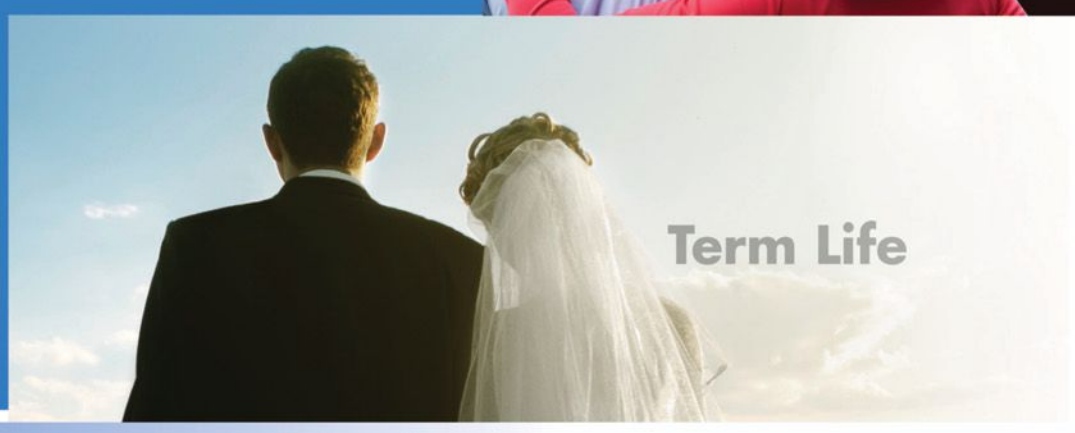
An older male patient demonstrates use of the Whisper eyedrop device.

The new microdroplet fluid ejection device "Whisper" is built to dramatically improve the way eyedrops are administered.

AOA business | AOA Next Generation Optometry eXcel™

An AOA Member Benefit

We're here every step of the way.



AOA Group Insurance offers you comfort in knowing that you and your loved ones will always be protected.

Visit **ExcelOD.com/Group-Insurance** and take the necessary steps today to guarantee greater peace of mind tomorrow.

Illinois Eye Institute program helps uninsured and under-insured get necessary eye care

The Vision of Hope Health Alliance (VOHHA) is the most widely recognized, comprehensive eye care program for Chicago's uninsured adult popuations. Established in 2003 as a pilot program of Vision of Hope within the Illinois Eye Institute (the IEI), VOHHA has grown to represent a unique model of health care delivery under the provision of eye care and related health services and is a recipient of Healthy Eyes Healthy People® grants in collaboration with the Illinois Optometric Association.

The VOHHA alliance coordinates the treatment and management of both ocular and systemic health disease and involves a network of more than 35 health and human service organizations brought together to provide a continuum of care.

Coalition members help in identifying and referring the uninsured to participate in the program.

VOHHA patients receive, at no charge, eye examinations, advanced diagnostic testing, eyewear and other health care services, such as information on disease and disease management, and links to primary care providers (PCP).

Janis Winters, O.D., VOHHA program director and Healthy Eyes Healthy People® (HEHP) grant recipient sums it up, "I am very proud of the eye care services that the Illinois Eye Institute has been able to provide to so many low-income uninsured adult individuals. Without the Vision of Health Hope Alliance many of these patients would not have been able to obtain eye care or eye glasses."

The gateway to health care

VOHHA represents a unique model of health care delivery to low-income, uninsured individuals and is often the gateway for disenfranchised populations to become engaged in a broader health care network. It is estimated that more than 30 percent of the VOHHA patient population do not have access to primary care providers.

Many VOHHA patients come to the program when vision is already compromised and an underlying health issue is present, for which many are not receiving the appropriate level of care to address other health concerns.

"In addition, the high level of ocular disease and risk for or diagnosis of visual impairment found among patients in the VOHHA program illustrate the need for policy and programs which address the health care needs of vulnerable populations," said Dr. Winters.

Advanced diagnostic exams and individual case histories allow ocular and systemic diseases to be identified and health treatment plans addressed.

The appropriate medical information and literature on disease management and healthy living is provided to VOHHA patients when systemic health issues are identified.

For those without access to primary care, referrals are made to a federally qualified health center (FQHC) coalition member.

Changing lives, one patient at a time

VOHHA's primary goal is to provide primary and advanced eye care to 1,000 uninsured adults, at no charge to the individual.

Additional outcomes of the program include eyeglasses and/or other vision correction devices dispensed to approximately 85 percent (850) of the patients; upward of 30 percent (300) will require follow-up services, including treatment for diabetic retinopathy, glaucoma, cataracts and other eye conditions; approximately 5 percent (50) will require surgical care; and approximately 20 percent (200) will be without primary care homes and connected to community partners.

Historically, the VOHHA patient population is approximately 45 to 50 percent black and more than 35 percent Latino. They represent Chicago's working poor, homeless and transient populations.

More than 75 percent of the population have an underlying health issue that if not properly adressed could lead to permanent vision damage.

Many either have diabetes or pre-diabetes or have hypertension (glaucoma), while others have advanced stages of diabetic retinopathy, age-related macular degeneration and other diseases that have already greatly impacted their vision.

Eye examinations that include dialation help in identifying underlying health issues – especially for a patient population that may be unaware of such conditions and not engaged in the medical system.

Approximately 60 percent of all referrals made to the VOHHA program come from alliance members, including local FQHC partners, and 30 percent from social service agencies. Others come by word of mouth and through patient financial services.

Dr. Winters

Special thanks to Dr. Winters and Matthew J. Asciutto, director, foundation relations at the Illinois College of Optometry, for contributing to this article.

Eye examinations that include dialation help in identifying underlying health issues – especially for a patient population that may be unaware of such conditions and not engaged in the medical system.

Harkin,

from page 6

ally more so in recent months as federal agencies have prepared for full implementation. Nevertheless, the Harkin law remains on track to provide consumers with greater access to local optometrists of their choice.

Just days after the Harkin law was passed, the American Academy of Ophthalmology sponsored a resolution for the American Medical Association's governing body stating, "Resolved, that our American Medical Association immediately condemn and work to repeal [the Harkin Law] through active direct and grassroots lobbying..."

"Although there continues to be some confusion and even disagreement among ODs about how significant a leap forward the Harkin law is for us, it is very clear that our opponents have no doubt it's a game-changer in health care and they intend to go all out to de-rail it," Dr. Munson added. "The AOA is ready, willing and able to fight back, and we'll be taking further action through our Advocacy Super Conference in Washington, D.C., in September, which will be focused again on winning for our profession, our practices and our patients."

Watch Sen. Harkin accept the 2013 AOA Apollo Award at *www.youtube.com/watch?v=RkcdSn-MLbo*.

AOA members interested in more information about attending the upcoming AOA Advocacy Super Conference in Washington, D.C., supporting AOA-PAC, joining the Federal Keyperson program, or getting in contact with a representative in Congress to speak out on H.R. 2817 and other AOA priorities can contact Jon Hymes at 800-365-2219 or *jfhymes@aoa.org*.

VisionWeb, FoxFire announce integrated spectacle ordering system

VisionWeb and FoxFire Systems Group announced the launch of the integration that will enable users of FoxFire Systems Group to order spectacle lenses from laboratories on the VisionWeb supplier network from within the FoxFire System. The integration reduces duplicate data entry and streamlines the ordering process for FoxFire users.

FoxFire System users will benefit from the convenience of online ordering, improved accuracy, and the ability to track the status of orders at any time, from within the environment of the FoxFire System.

Practices will benefit with improved turnaround on job times, as jobs that are placed through the VisionWeb ordering integrations will be received by the labs sooner and are automatically put into process.

"The addition of FoxFire Systems Group to our practice management integrations provides more access to the products and services VisionWeb members need," said Tom Loveless, CFO and vice president of Business Development at VisionWeb. "We're committed to providing our users with a one-stop shopping experience that makes ordering for their practice simplified and more efficient."

"The future of eye care will rely very heavily on technology, and with integrations like this we are demonstrating our commitment to keep our customers at the forefront of eye care," said Korry Petterson, president of FoxFire Systems Group.

For more information on VisionWeb, visit *www.visionweb.com*. For more information on FoxFire Systems Group, visit *www.foxfiresg.com*.

"The future of eye care will rely very heavily on technology, and with integrations like this we are demonstrating our commitment to keep our customers at the forefront of eye care."

Alcon

Allergan

Bausch + Lomb

CooperVision

Essilor of America

HOYA Vision Care

Kemin Health

Luxottica Group

Optos

TLC Vision Corporation

Transitions Optical

VisionWeb

Vistakon®, Johnson & Johnson Vision Care, Inc.

Tranquileyes offers solution for dry eye relief

Some of the most common complaints optometrists hear, particularly from women, are the effects of dry eye. The itching, burning feeling like something is in their eyes is a symptom from which they want immediate relief. So what's a doctor to do?

"With each patient, we develop a treatment plan, and warm compresses are typically part of that plan," said Stephen Cohen, O.D., a private practitioner in Scottsdale, Ariz., and past president of the Arizona Optometric Association. "A washcloth or cotton ball is ineffective since these patients need at least 10 to 15 minutes of sustained moist heat to help with any underlying Meibomian Gland Dysfunction. The best option I have found has been tranquileyes goggles."

Tranquileyes hydrating goggles allow patients to create effective 20- to 25-minute moist heat therapies. Using the goggle, water and reusable thermoeyes gel packs, the system generates heat to help stimulate tear production to release the oils, slowing the evaporation of natural tears while deeply hydrating eyelid and surrounding skin.

The latest innovation, the XR Dual system, can also be used to create refreshing 15-minute cold therapies to ease symptoms of ocular allergies and reduce eyelid and under-eye puffiness.

Tranquileyes XR Dual includes both the thermoeyes XR Beads and XR Instant gel pack technologies, providing patients up to 160 moist-heat and 100 cold applications.

Dr. Cohen is on the National Board of the Sjogren's Syndrome Foundation and has been involved in dry eye studies for the past 10 years.

"As such, I see a tremendous number of dry eye patients, many of who experience tremendous quality of life compromise as a result of their condition," said Dr. Cohen.

He said his patients really like the way the tranquileyes goggles feel and some even sleep with them on.

For more information on tranquileyes, visit *www.eye-eco.com.*

AOA members can access more resources on caring for patients with dry eye by visiting *http://tinyurl.com/dryeyereference*.

The views expressed are those of the author and do not necessarily reflect the views of the AOA. The AOA does not endorse any products.

These patients need at least 10 to 15 minutes of sustained moist heat to help with any underlying Meibomian Gland Dysfunction.

Tranquileyes hydrating goggles

Transitions Optical tests direct response TV ad

Transitions Optical, Inc. kicked off a national test of a new direct response "edutainment-style" television advertisement, designed to generate an immediate action by consumers, which will drive them to their eye-care professionals and shorten the eyewear purchase cycle.

A 15-minute version of the ad aired on national cable channels in August.

The ad features host Tim Martin interviewing consumers about their perceptions of and experiences with the Transitions® family of products. It concludes by encouraging consumers to test Transitions® lens technology immediately by ordering a trial decal. Consumers can apply the decal to their current clear lenses to simulate the performance of Transitions lenses.

Initial Transitions Optical research shows that seven in 10 consumers who tried the decals said they would ask their eye care professionals about Transitions lenses the next time they visited.

After adhering the decal, consumers should wear their glasses inside and out to experience for themselves how Transitions lenses seamlessly adapt to changing light conditions. They can then remove the decals with no lasting effect on their lenses.

"More than nine out of 10 consumers who wear Transitions lenses love them and repurchase them," said Renee Himel, director, brand experience, Transitions Optical. "With such high consumer satisfaction rates, we've been looking for ways that clear lens wearers can temporarily try Transitions lens technology before buying. Our decals are the perfect tool and drive new Transitions lens patients to eye care professionals to get the real thing."

In fact, initial Transitions Optical research shows that seven in 10 consumers who tried the decals said they would ask their eye care professionals about Transitions lenses the next time they visited.

***TransitionsTrial.com* also features outtake videos and ordering information for a free pair of simulation decals.**

Transitions Optical is testing a shorter, one-minute version of the ad in select markets. Ads running in Sacramento, Calif.; Flint, Mich.; Colorado Springs, Co.; and Greensboro-Highpoint, N.C., will conclude by asking consumers to order the trial decals, while ads running in Buffalo, N.Y.; Charleston-Huntington, W.V.; Cleveland; and Des Moines, Iowa, will conclude by urging consumers to visit specific eye care professionals for a limited-time discount.

Results will be tracked, and Transitions Optical plans to announce full plans for its direct response program in 2014.

"We are always looking for ways to make consumers more excited about their vision so they will be more proactive about taking care of the health of their eyes," said Sherianne James, director, North America marketing, Transitions Optical. "The increasing purchase cycle is a serious concern and a threat to the health of the optical industry, so we are especially interested in testing marketing efforts that address this issue."

Eye care professionals interested in viewing direct response advertisements and learning more about the trial decal program should visit *www.TransitionsTrial.com*.

Industry leaders discuss changing landscape under Sunshine Act

As part of the Presidents' Council at Optometry's Meeting®, representatives from industry engaged in discussion about the physician Sunshine Act and its implications for corporate support.

The Sunshine Act is part of the Affordable Care Act and ensures more transparency for the public.

Its provisions require manufacturers of drugs, devices, biologicals, and medical supplies covered by Medicare, Medicaid, or the federal Children's Health Insurance Program (CHIP) to report payments or other transfers of value they make to physicians and teaching hospitals to the Centers for Medicare & Medicaid Services (CMS).

Representatives noted the act does not prohibit payments or gifts, it simply requires the disclosure of them.

Data collection began Aug. 1 as part of the CMS Sunshine rule announced in February. The CMS will release the data on a public website by Sept. 30, 2014.

To access AOA resources regarding the Sunshine Act, visit *www.aoa.org/advocacy/health-care-reform/the-sunshine-act*.

Chris Wroten, O.D., moderated panelists, from left, David Alexander, Alcon; Rick Weisbarth, O.D., Alcon; Dave Gibson, Allergan; Wes Porter, Allergan; Leslie Amodei, Optos; David Rybak, Vistakon; and Dick Wallingford, Jr., O.D., Vistakon. AOA representatives Rodney Peele, J.D., assistant director of regulatory policy and outreach, and Michael Stokes, J.D., general counsel, were also present to answer questions.

MEETINGS

September

VERMONT OPTOMETRIC ASSOCIATION
ANNUAL MEETING
September 13-15, 2013
Hilton Hotel and Conference Center, Burlington, VT
David J. DiMarco O.D.
802/524-9561
FAX: 802/524-6060
djd@nveyecare.net

NORTHEASTERN STATE UNIVERSITY OKLAHOMA COLLEGE OF OPTOMETRY
FALL PRIMARY EYE CARE UPDATE - ANNUAL ALUMNI EVENT AND GOLF TOURNAMENT
September 14-15, 2013
Tahlequah, OK
Mary Stratton or Brittany Williams
stratton@nsuok.edu or willi193@nsuok.edu

TROPICAL CE
September 14–27, 2013
South Africa
281/900-8493
Fax: 281/274-9338

MARSHALL B. KETCHUM UNIVERSITY/SCCO
DIABETES MELLITUS: PART II
September 18, 2013
Sepulveda VA, Sepulveda, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

SHARED VISIONS GALA
September 19, 2013
Richard Nixon Presidential Library
Yorba Linda, CA
909/706-8525
FAX: 909/510-8214
jessblockpr@gmail.com
www.scco.edu/sharedvisions

ILLINOIS OPTOMETRIC ASSOCIATION
2013 CONVENTION
September 19-22, 2013
Westin Chicago Northwest, Itasca, IL
www.ioaweb.org

2013 GWCO CONGRESS
September 19-22, 2013
Oregon Convention Center, Portland, Oregon

ENVISION CONFERENCE 2013
September 19-21, 2013
Hyatt Regency Minneapolis, Minneapolis, MN
info@envisionconference.org
www.envisionconference.org

OPTOMETRIC EXTENSION PROGRAM FOUNDATION
44TH ANNUAL COLORADO VISION TRAINING CONFERENCE
September 20-22, 2013
YMCA of the Rockies, Estes Park, CO
303/325-2019
jamie@highlinevisioncenter.com
www.visioncare.org (search ESTES)

NOVA SOUTHEASTERN UNIVERSITY
FALL CONFERENCE
September 21-22, 2013
Fort Lauderdale, FL
Vanessa McDonald
954/262-4224
FAX: 954/262-1818
oceaa@nova.edu
http://optometry.nova.edu/ce

UNIVERSITY OF HOUSTON COLLEGE OF OPTOMETRY
EVERYTHING RETINA
September 21-22, 2013
The Westin Riverwalk Downtown, San Antonio, TX
713-743-1900
http://ce.opt.uh.edu/live-events/ers2013

OPTOMETRIC EXTENSION PROGRAM FOUNDATION
REGIONAL CLINICAL SEMINAR: INFANT & TODDLER VISION DEVELOPMENT, EXAMINATION & MANAGEMENT
September 21-22, 2013
Greater Washington, DC Area
800/447-0370
TheresaKrejciOEP@verizon.net
www.oepf.org

CENTRAL PENNSYLVANIA OPTOMETRIC SOCIETY
CE FORUM XVII
September 22, 2013
The Hotel Hershey, Hershey, PA
Mary Good, O.D.
cposrsvp@gmail.com

MARSHALL B. KETCHUM UNIVERSITY/SCCO
OPHTHALMIC IMAGING: OCULAR ULTRASONOGRAPHY
September 25, 2013
West Los Angeles VA, Los Angeles, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

SOUTH DAKOTA OPTOMETRIC SOCIETY
FALL CONFERENCE
September 26-27, 2013
Rushmore Plaza Holiday Inn
Rapid City, SD
Deb Mortenson
605/224-8199
Sdeyes3@pie.midco.net

WISCONSIN OPTOMETRIC ASSOCIATION
CONVENTION AND ANNUAL MEETING
September 26-29, 2013
Kalahari Resort, Wisconsin Dells, WI
Joleen Breunig, Member Services Director
608/824-2200
joleen@woa-eyes.org
www.woa-eyes.org

KENTUCKY OPTOMETRIC ASSOCIATION
2013 FALL CONFERENCE
September 27-29, 2013
Louisville, KY
502/875-3516
sarah@kyeyes.org

UNIVERSITY OF HOUSTON COLLEGE OF OPTOMETRY
CE IN FORT WORTH
September 28-29, 2013
Alcon Laboratories Schollmaier Auditorium, Fort Worth, TX
713-743-1900
http://ce.opt.uh.edu/live-events/ceinftw2013

NORTH DAKOTA OPTOMETRIC ASSOCIATION'S 110TH ANNUAL CONGRESS & EXHIBITION
September 29-October 1, 2013
Ramada Plaza Suites, Fargo, ND
701/258-6766
FAX: 701/258-9005
ndoa@btinet.net
www.ndeyecare.com

GLAUCOMA CE LECTURE SEMINAR
September 29, 2013
Western University College of Optometry, Pomona, CA
909/706-3493
ceoptometry@westernu.edu
http://www.westernu.edu/optometry-continuing-education

October

MARSHALL B. KETCHUM UNIVERSITY/SCCO
OPHTHALMIC IMAGING:
October 2, 2013
West Los Angeles VA, Los Angeles, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

OHIO OPTOMETRIC ASSOCIATION
EASTWEST EYE CONFERENCE/OOA ANNUAL CONGRESS
October 3-6, 2013
Global Center for Health Innovation, Cleveland, OH
Linda Fette
800/999-4939
linda@ooa.org
www.eastwesteye.org

SOUTHERN COLLEGE OF OPTOMETRY
2013 FALL CONTINUING EDUCATION AND HOMECOMING WEEKEND
October 3-6, 2013
SCO Campus and The Peabody Memphis Hotel, Memphis, TN
Carla O'Brian
800-238-0180, ext. 5
901/722-3235
ce@sco.edu
www.sco.edu

HUDSON VALLEY OPTOMETRIC SOCIETY FALL SEMINAR
October 4, 2013
The Grandview, Poughkeepsie, NY
Brian Powell O.D.
drbrianpowell@gmail.com
www.hvos.org

MARSHALL B. KETCHUM UNIVERSITY/SCCO
GLAUCOMA/ SECONDARY GLAUCOMA
October 4, 2013
Las Vegas VA, Las Vegas, NV
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

MIDDLE ATLANTIC OPTOMETRIC CONGRESS
October 5- 6, 2013
Holiday Inn Monroeville, Monroeville, PA,
Jerome Mattes, O.D. (Registration chair)
412/298-3390 (Cell)

CONNECTICUT ASSOCIATION OF OPTOMETRISTS
ANNUAL EDUCATION CONFERENCE
October 5-7, 2013
Mystic Marriott Hotel & Spa
Lynn Sedlak, CAE, MBA
860/529-1900
lsedlak@cteyes.org
www.cteyes.org

MARSHALL B. KETCHUM UNIVERSITY/SCCO
GLAUCOMA PEARLS FOR GLAUCOMA CERTIFIED ODS
October 6, 2013
Marshall B. Ketchum University/SCCO, Fullerton, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

COLLEGE OF OPTOMETRISTS IN VISION DEVELOPMENT
43RD ANNUAL MEETING
October 8-12, 2013
Rosen Shingle Creek, Orlando, FL
330/995-0718
www.covd.org

MARSHALL B. KETCHUM UNIVERSITY/SCCO
GLAUCOMA: PART I - LANDMARK STUDIES & DIAGNOSTIC TESTING
October 9, 2013
West Los Angeles VA, Los Angeles, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

VOSH INTERNATIONAL ANNUAL MEETING
October 10-11, 2013
Ritz Carlton Hotel, San Juan, PR
www.vosh.org/membership/meetings

IDAHO OPTOMETRIC PHYSICIANS ANNUAL CONGRESS
October 10-12, 2013
The Coeur d'Alene Resort, Coeur d'Alene, ID
208/461-0001
randregg7@frontier.com

WISCONSIN OPTOMETRIC ASSOCIATION
NORTHWOODS EDUCATION EVENT
October 11-12, 2013
Grand Pines Resort, Hayward, WI
Joleen Breunig, Member Services Director
608/824-2200
joleen@woa-eyes.org
www.woa-eyes.org

COLEGIO DE OPTÓMETRAS DE PUERTO RICO
20TH OPTOMETRIC CONVENTION
October 11-13, 2013
Ritz Carlton, Isla Verda, Puerto Rico
787/767-2828
info@colegiooptometraspr.com
www.optometras.org

UNIVERSITY OF HOUSTON COLLEGE OF OPTOMETRY & VOSH INTERNATIONAL
CE IN HOUSTON
October 13, 2013
Health and Biomedical Science Building, Molly and Doug Barnes Vision Institute (located at the University of Houston College of Optometry), Houston, TX
713-743-1900
http://ce.opt.uh.edu/live-events/ceinhouston2013

MARSHALL B. KETCHUM UNIVERSITY/SCCO
GLAUCOMA: PART II - SECONDARY GLAUCOMAS & MANAGEMENT OVERVIEW
October 16, 2013
West Los Angeles VA, Los Angeles, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

IOWA OPTOMETRIC ASSOCIATION
HAWKEYE INSTITUTE
October 17-18, 2013
Cedar Rapids Marriott Hotel, Cedar Rapids, IA
800/444-1772
515-222-5679
FAX: 515-222-9073
http://iowaoptometry.org

OPTOMETRIC EXTENSION PROGRAM FOUNDATION
CLINICAL CURRICULUM - VT/STRABISMUS & AMBLYOPIA
October 17- 20, 2013
Grand Rapids, Michigan
800/447-0370
TheresaKrejciOEP@verizon.net
www.oepf.org

PIONEERS IN OPTOMETRY REGIONAL CONFERENCE
OKLAHOMA ASSSOCIATION OF OPTOMETRIC PHYSICIANS
October 18-20, 2013
Renaissance Hotel & Convention Center
Tulsa, OK
Heatherlyn Burton
405/524-1075

heatherlyn@oaop.org
www.PioneersInOptometry.org

CE IN ITALY
October 19-21, 2013
Florence Italy
Dr. James L. Fanelli
910/452-7225
jamesfanelli@ceinitaly.com
www.CEinItaly.com

VIRGINIA OPTOMETRIC ASSOCIATION
VOA FALL CONFERENCE
October 19-20, 2013
Great Wolf Lodge, Williamsburg, VA
Bo Keeney
804-643-0309
www.thevoa.org

OCULAR NUTRITION SOCIETY
FALL 2013 EDUCATIONAL SYMPOSIUM
October 22, 2013
Sheraton Seattle, Seattle, WA
info@ocularnutritionsociety.org
www.ocularnutritionsociety.org

CE IN ITALY
October 23-251, 2013
Tuscany, Italy
Dr. James L. Fanelli
910/452-7225
jamesfanelli@ceinitaly.com
www.CEinItaly.com

AMERICAN ACADEMY OF OPTOMETRY
ACADEMY 2013 SEATTLE
October 23-26, 2013
Seattle Convention Center
www.aaopt.org

MICHIGAN OPTOMETRIC ASSOCIATION
FALL SEMINAR
October 29-30, 2013
Lansing Center, Lansing, MI
517/482-0616
www.themoa.org

MARSHALL B. KETCHUM UNIVERSITY/SCCO
GLAUCOMA: PHARMACOLOGY
October 30, 2013
West Los Angeles VA, Los Angeles, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

November

MARSHALL B. KETCHUM UNIVERSITY/SCCO
LOW VISION / TBI
November 1, 2013
Las Vegas VA, Las Vegas, NV
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

SPORTS VISION UNIVERSITY
November 1-2, 2013
Maryland Optometric Association 2013 Annual Conference
Hyatt Regency Baltimore
Baltimore, MD
CCWilliams@aoa.org

SPORTS VISION UNIVERSITY
November 2, 2013
Optometry Association of Louisiana Fall CE Conference
Baton Rouge, LA
CCWilliams@aoa.org

PENNSYLVANIA OPTOMETRIC ASSOCIATION
ESSENTIALS IN EYE CARE
November 2-3, 2013
Marriott Pittsburgh North, Cranberry Township, PA
Ilene Sauertieg
ilene@poaeyes.org
www.pennsylvania.aoa.org

GLAUCOMA GRAND ROUNDS PROGRAM WITH LIVE PATIENTS
November 2-3, 2013
Western University College of Optometry, Pomona, CA
909/706-3493
ceoptometry@westernu.edu
http://www.westernu.edu/optometry-continuing-education

MARYLAND OPTOMETRIC ASSOCIATION
2013 ANNUAL CONVENTION AND CONTINUING EDUCATION FORUM
November 2-3, 2013
Hyatt Regency Baltimore
Jennifer Levy
jlevy@marylandoptometry.org
www.marylandoptometry.org

SPORTS VISION UNIVERSITY
November 6, 2013
New Jersey Society of Optometric Physicians
Fall CE Seminar
Manalpan, NJ
CCWilliams@aoa.org

2013 AOAEXCEL™ EHR & MEDICAL RECORDS COMPLIANCE PROGRAM
REVOLUTIONEHR, VISIONWEB, FOXFIRE
November 6, 2013
Chicago, IL
Patti Kinder
PKinder@ExcelOD.com
www.ExcelOD.com/EHR

MARSHALL B. KETCHUM UNIVERSITY/SCCO
DECISION-MAKING IN GLAUCOMA
November 6, 2013
West Los Angeles VA, Los Angeles, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

TROPICAL CE
November 6-10, 2013
Puerto Vallarta
281/900-8493
Fax: 281/274-9338

VIRGINIA OPTOMETRIC ASSOCIATION
VOA VOYAGES IN VISION CONFERENCE
November 7-10, 2013
St. Thomas, US Virgin Islands
Bo Keeney
804-643-0309
www.thevoa.org

OPTOMETRIC EXTENSION PROGRAM FOUNDATION
CLINICAL CURRICULUM: THE ART & SCIENCE OF OPTOMETRIC CARE - A BEHAVIORAL PERSPECTIVE
November 7- 11, 2013
Western University College of Optometry, Pomona, CA
800/447/0370
TheresaKrejciOEP@verizon.net
www.oepf.org

2013 AOAEXCEL™ EHR & MEDICAL RECORDS COMPLIANCE PROGRAM
REVOLUTIONEHR, VISIONWEB, FOXFIRE
November 8, 2013
Las Vegas, NV
Patti Kinder
PKinder@ExcelOD.com
www.ExcelOD.com/EHR

ALABAMA OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION
November 8-10, 2013
Birmingham, AL
Jo Beth Wicks
334/273-7895
jobeth@alaopt.com
www.alaopt.com

WISCONSIN OPTOMETRIC ASSOCIATION
PRIMARY CARE SYMPOSIUM
November 8-9, 2013
Madison Marriott West Hotel, Middleton, WI
Joleen Breunig, Member Services Director
608/824-2200
joleen@woa-eyes.org
www.woa-eyes.org

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY
2013 CE CHARLESTON
November 8-9, 2013
Doubletree Suites, Charleston, SC
Jeanne Oliver
503/352-2740
FAX: 503/352-2929
jeanne@pacificu.edu
www.pacificu.edu/optometry/ce

UNIVERSITY OF HOUSTON COLLEGE OF OPTOMETRY
CE IN AUSTIN
November 9-10, 2013
Omni Austin Hotel Downtown, Austin, TX
713-743-1900
http://ce.opt.uh.edu/live-events/ceinaustin2013

VIRGINIA ACADEMY OF OPTOMETRY
ANNUAL EDUCATIONAL CONFERENCE
November 10, 2013
Fredericksburg, VA
vaacadoptom@yahoo.com

MARSHALL B. KETCHUM UNIVERSITY/SCCO
CLINICAL TOPICS IN OPTOMETRY
November 10, 2013
Marshall B. Ketchum University/SCCO, Fullerton, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

MARSHALL B. KETCHUM UNIVERSITY/SCCO
GONIOSCOPY LECTURE: GENERAL & GLAUCOMA-RELATED
November 13, 2013
West Los Angeles VA, Los Angeles, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

WEST VIRGINIA ASSOCIATION OF OPTOMETRIC PHYSICIANS
ANNUAL CONGRESS
November 14-17, 2013
Embassy Suites, Charleston, WV
304-720-8262
www.wvaop.org

MARSHALL B. KETCHUM UNIVERSITY/SCCO
SYSTEMIC IMAGING BASICS FOR THE OPTOMETRIST
November 20, 2013
West Los Angeles VA, Los Angeles, CA
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

OPTOMETRIC EXTENSION PROGRAM FOUNDATION
CLINICAL CURRICULUM - VT/VISUAL DYSFUNCTIONS
November 21- 25, 2013
Southern College of Optometry, Memphis, TN
800/447-0370
TheresaKrejciOEP@verizon.net
www.oepf.org

December

MARSHALL B. KETCHUM UNIVERSITY/SCCO
OPTIC NEUROPATHIES
December 6, 2013
Las Vegas VA, Las Vegas, NV
714/449-7495
FAX: 714/992-7855
ce@ketchum.edu
www.ketchum.edu/ce

UNIVERSITY OF HOUSTON COLLEGE OF OPTOMETRY
30TH ANNUAL CORNEA, CONTACT LENS & CONTEMPORARY VISION CARE SYMPOSIUM
December 7-8, 2013
Westin Memorial City, Houston, TX
713-743-1900

To place a featured calendar event, email *t.peppers@elsevier.com*.

To submit standard items for the meetings calendar, visit http://tinyurl.com/AOAEventCalendarRequest.

Please allow several months' lead time.

CLASSIFIEDS

Professional Opportunities

DO YOU WANT MORE VISION THERAPY PATIENTS? Are you tired of seeing patients walk out the door without getting the care that they need? Why wait until another patient says "If insurance doesn't cover it…?" Call today and find out how to ensure patients follow through with vision therapy regardless of insurance coverage. Expansion Consultants, Inc.: Specialists in consulting VT practices since 1988. Call 818-248-3823, ask for Toni Bristol.

GREAT OPPORTUNITY- Louisville, Kentucky Mature optometric practice for sale; Doctor retiring due to health concerns. Please call 877.632.2020 for more information.

Find your optometric niche. The OEP Clinical Curriculum Courses can help you distinguish yourself in your community? Call 800 447 0370.

Grossing over one million. Net 360 thousand. Freestanding professional building with surfacing lab. One of the fastest growing communities in Florida. Close to the beach on a busy thoroughfare. Great staff and licensed optician will stay. Established thirty-eight years. Prefer cash. Contact: Kirk Howard, OD,PA 4645 Meadow Lake Dr. Crestview, Florida 32539 Phone: 850-682-9286 Cell. 850-758-5639 Bus. 850-682-4014 Bus. Address: 2491 S. Ferdon Blvd. Crestview, Florida 32536

Optometrist Wanted Exceptional opportunity for an energetic, caring, and medically focused optometrist to join busy, two office MD/OD practice in mountain region of northern VT/NH. State-of-the-art equipment and EHR. Highly competive starting salary and benefit package. Willing to assist with relocating expenses. Reply by email: vermontidoc@me.com.

Practice for Sale

Worcester Ma. Excellent opportunity to purchase lucrative solo primary care/contact lens practice, with full optical. Prime location. Established over 40 yrs with strong growth and potential for expansion. Seller willing to stay on and work for period of time. E:-mail sophiebaker911@gmail.com

Miscellaneous

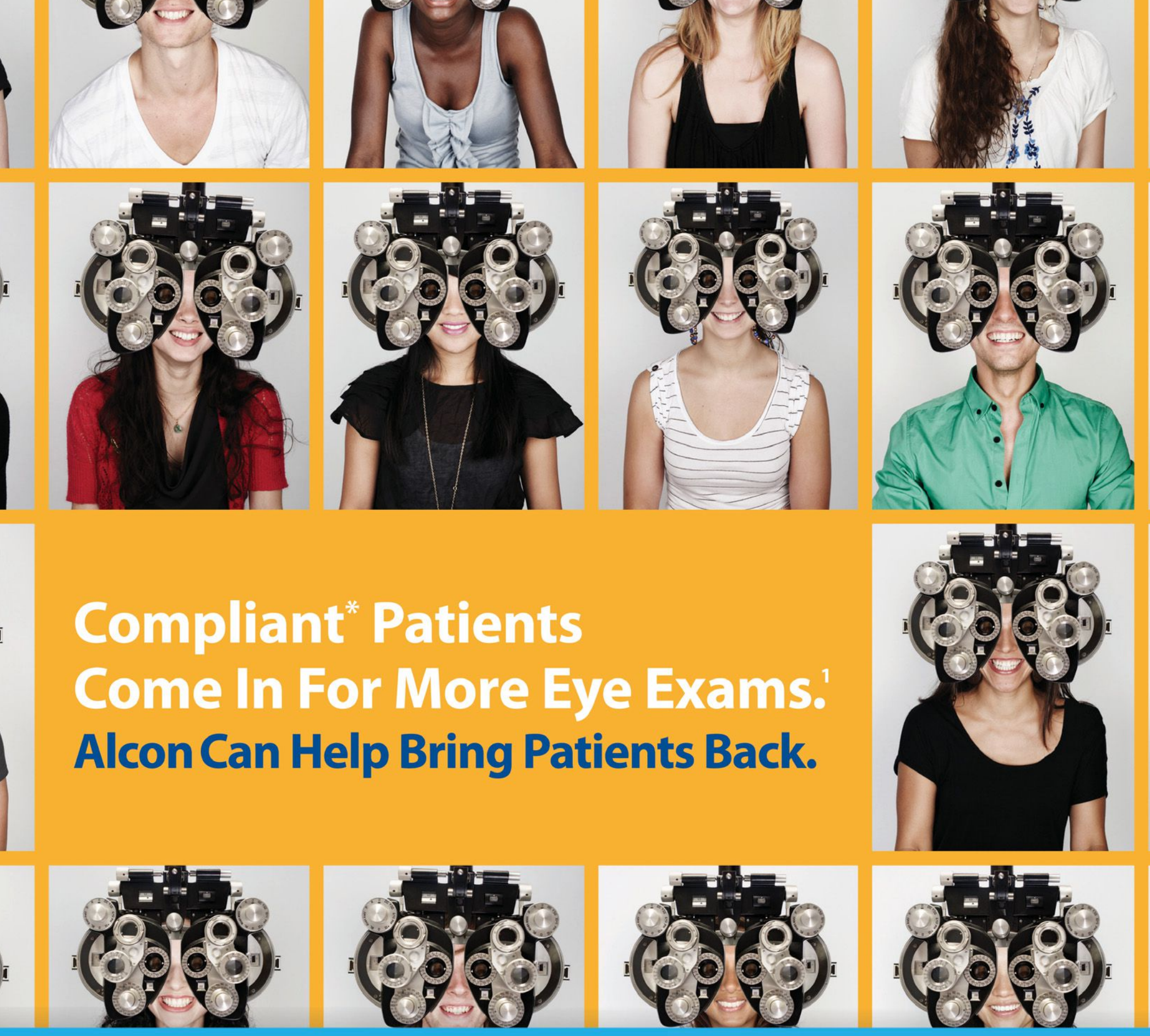
Optometric Cruise Seminars since1995
www.OptometricCruiseSeminars.com
888-638-6009
AEA Cruise Seminars

VOSH WANTS YOUR USED EQUIPMENT Donate those used ophthalmic instruments that are gathering dust in your storage room for the valuable purpose of training students at optometry schools in the developing world. VOSH will refurbish this equipment, help pay for shipping to the destination and provide a tax receipt. This program, called the Technology Transfer Program (TTP), especially needs trial lens sets and frames, phoropters, projectors, slit lamps, lensometers, keratometers, and hand instruments. Also accepted are unused frames, uncut lenses, optical tools and edgers. Schools that receive equipment become acquainted with the VOSH model. They form new VOSH chapters and treat the disenfranchised within their own country, one of our ways of becoming sustainable. Please contact VOSH/International at www.vosh.org and help us eliminate preventable blindness.

Classified Advertising Information

Effective the January, 2013 issue onwards, Classified advertising rates are are as follows: 1 column inch = $75 (40 words maximum) 2 column inches -$125 (80 words maximum) 3 column inches = $165 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is $30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at t.peppers@elsevier.com attention Tracie Peppers, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year(one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers - Elsevier ad sales contact - at 212.633.3766 for advertising rates for all classifieds and showcase ads.



Compliant* Patients Come In For More Eye Exams.[1] Alcon Can Help Bring Patients Back.

Alcon offers the DAILIES® family of daily disposable contact lenses and the AIR OPTIX® family of monthly replacement lenses. Multiple studies have shown that daily disposable and monthly replacement contact lens wearers are more compliant* than those who wear 2-week lenses.[2,3,4] Compliant patients also return for more eye examinations.[1]

Read more about this latest study, and see how Alcon can boost your practice, at myalcon.com/power-of-one

POWER OF ONE™

MORE POWER FOR GREATER SUCCESS

*Compliance with Manufacturer-Recommended Replacement Frequency (MRRF).

References: 1. Dumbleton KA, Richter D, Jones LW. Compliance with lens replacement and the interval between eye examinations. *Optom Vis Sci.* 2012;89 (E-abstract 120059). **2.** Dumbleton K, Woods C, Jones L, et al. Patient and practitioner compliance with silicone hydrogel and daily disposable lens replacement in the United States. *Eye & Contact Lens.* 2009;35(4):164-171. **3.** Yeung KK, Forister JFY, Forister EF, et al. Compliance with soft contact lens replacement schedules and associated contact lens–related ocular complications: The UCLA Contact Lens Study. *Optometry.* 2010; 81(11):598-607. **4.** Dumbleton K, Woods C, Jones L, et al. Comfort and Vision with Silicone Hydrogel Lenses: Effect of Compliance. *Optom Vis Sci.* 2010;87(6):421-425.

See product instructions for complete wear, care, and safety information.

Alcon®

Rx only